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ABSTRACT

The Drug Abuse Office and Treatment Act of 1972 directed the development and promulgation of a comprehensive, coordinated long-term Federal strategy for all drug abuse prevention and drug traffic control functions conducted, sponsored, or supported by the Federal Government. This second annual report of the Strategy Council builds on the groundwork laid in the Strategy 1973. The 1974 goals and objectives recognize that a society's response to drug abuse is a product of its values, attitudes, and beliefs. In a similar sense, the objectives of the Strategy 1974 rest on present understanding of the causes and consequences of drug abuse and on society's capacity to respond meaningfully to the complex factors as it encounters them. To the extent that disagreement with these judgments leads to constructive discussion, understanding of the many complex issues will be sharpened. This strategy, therefore, is to be dynamic--continually reexamined and reviewed so that programs and policies reflect the best knowledge at hand. Strategy 1974 sets forth an action plan which describes the way in which the Federal Government is responding to the drug abuse problem through a coordinated program of drug abuse prevention, law enforcement, and international cooperation. (Author)

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FEDERAL STRATEGY FOR DRUG ABUSE AND DRUG TRAFFIC PREVENTION 1974

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Strategy Council on Drug Abuse
726 Jackson Place, N.W.
Washington, D.C. 20506

June 17, 1974

The President
The White House
Washington, D.C. 20500

Dear Mr. President:

The Strategy Council on Drug Abuse was established in the "Drug Abuse Office and Treatment Act of 1972" to develop a Federal Strategy for all drug abuse prevention activities of the Federal Government.

I have the privilege of submitting to you the *Federal Strategy for Drug Abuse and Drug Traffic Prevention 1974* developed by the Council. This strategy continues to develop an integrated treatment, rehabilitation, education and law enforcement policy aimed at preventing drug abuse.

While this strategy focuses primarily on the Federal effort, States and localities support and manage major drug abuse prevention efforts. This is consistent with Administration policies to strengthen the capabilities of States and localities, as well as the private sector, to determine their own approaches to combatting drug abuse in our Nation.

Faithfully yours,

Robert L DuPont M.D.

Robert L. DuPont, M.D.
Strategy Council on Drug Abuse

FEDERAL STRATEGY
FOR
DRUG ABUSE AND DRUG TRAFFIC
PREVENTION

Prepared for the President
by
The Strategy Council
pursuant to
The Drug Abuse Office and Treatment
Act of 1972

Council Members

The Secretary of State

The Secretary of the Treasury

The Secretary of Defense

The Attorney General

The Secretary of Health, Education, and Welfare

Administrator of Veterans Affairs

The Director of the Special Action Office for
Drug Abuse Prevention

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I
DRUGS IN PERSPECTIVE: CONTEXT FOR NATIONAL ACTION

A. INTRODUCTION

The Drug Abuse Office and Treatment Act of 1972 directed the development and promulgation of a comprehensive, coordinated long-term Federal strategy for all drug abuse prevention and drug traffic control functions conducted, sponsored, or supported by the Federal Government. This second annual report of the Strategy Council builds upon the groundwork laid in the **Strategy 1973**.

In defining the 1974 goals and objectives, we recognize that a society's response to drug abuse is a product of its values, attitudes, and beliefs. In a similar sense, the objectives of the **Strategy 1974** rest on our present understanding of the causes and consequences of drug abuse and on our capacity to respond meaningfully to the complex factors as we encounter them. To the extent that disagreement with these judgments leads to constructive discussion, our understanding of the many complex issues will be sharpened. This strategy, therefore, is to be dynamic—continually reexamined and reviewed so that our programs and policies reflect the best knowledge at hand.

Strategy 1974 sets forth an action plan which describes the way in which the Federal Government is responding to the drug abuse problem through a coordinated program of drug abuse prevention, law enforcement, and international cooperation.

B. A COORDINATED FEDERAL ATTACK ON DRUG ABUSE

The Federal Government has waged its war on drug abuse from three directions:

Law enforcement agencies have tried to stop the traffic of drugs into and within the United States.

Social service and health agencies have implemented a variety of programs, including education, research, treatment, and rehabilitation, designed to prevent individuals from abusing drugs and to combat the adverse personal and social consequences of drug abuse.

Internationally, the State Department has led an effort to reduce illicit international trafficking in drugs through diplomatic initiatives and assistance to countries where drugs are produced and transshipped.

Federal drug prevention efforts were centralized by the President in June 1971 in the Special Action Office for Drug Abuse Prevention (SAODAP). Three months later the Cabinet Committee on International Narcotics Control (CCINC) was established to coordinate the drug effort overseas. In July 1973 Presidential Reorganization Plan No. 2 created the Drug Enforcement Administration, merging the Bureau of Narcotics and Dangerous Drugs, Office of Drug Abuse Law Enforcement, Office of National Narcotics Intelligence, those elements of the Bureau of Customs which had drug investigative responsibilities, and those functions of the Office of Science and Technology which were related to drug law enforcement.

The State and local activities have centered in two areas:

- Law enforcement agencies have increasingly worked together to stop the traffic of drugs.
- Social service and health agencies have responded to the need for treatment and other services by establishing treatment programs, vocational rehabilitation projects, school prevention programs and other community activities designed to integrate and expand local resources.

The States and localities will be asked to assume a larger role in the national partnership. The Federal Government is assisting them by increasing block grant programming to allow States to further develop and implement their prevention plans and by continued technical assistance to the local activities.

C. DRUG USE AND ABUSE IN PERSPECTIVE

In current American usage, drug abuse may refer to any of the following activities:

the use of drugs in forms, styles or situations which are illegal;
the use of drugs without appropriate medical approval or in excess of accepted standards of self-medication;
the use of drugs in such a way that the user's control of ingestion or behavior is excessively affected;

the use of drugs in pursuit of potentially hazardous states of consciousness or mood.

For purposes of **Strategy 1974** drug abuse is defined as the use of a substance in a manner or to a degree which leads to adverse personal or social consequences, including:

- impaired physical or mental health;
- impaired maturation;
- impaired productivity;
- involvement in socially disruptive or illegal actions which may harm or increase the likelihood of harm to the community.

To formulate an appropriate Federal response, we must consider the nature and extent of drug abuse problems in the context of serious potential harm to the individual and society. Further, we must allocate Federal resources and administer Federal programs according to meaningful priorities, based in part on the potential for harm associated with various substances.

We have so ordered our drug prevention and control priorities.

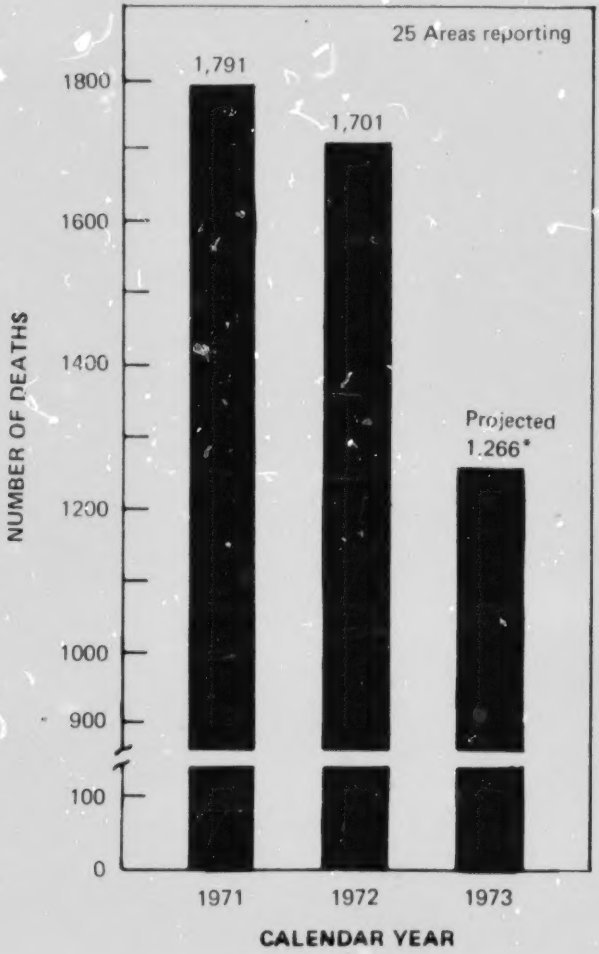
Use and Abuse of Heroin

Heroin abuse emerged in the mid-1960's as a problem of major significance. Domestically, estimates of the extent of heroin abuse at one point reached beyond 500,000 addicts and users. Combined law enforcement and treatment efforts at the Federal, State, and local levels, as well as in the international arena, have brought about a reduction of heroin supply and demand.

Available data reveal that an alarming six-year trend of an increasing heroin addiction rate has been reversed during the past two years. Enrollment in treatment programs has greatly increased. Furthermore, the rates of overdose death and property crime regarded as significant indicators of the incidence of heroin dependence have declined throughout most areas of the country for the first time since the start of the heroin epidemic. Deaths involving heroin (either alone or in combination with other drugs, excluding methadone) decreased 2.1 percent in 1972; in 1973, based upon projections of the actual rates for the first six months a 20- to 25-percent drop is anticipated in narcotics-related deaths compared to 1972. (Chart illustrating the current decrease in heroin-related deaths appears on the following page.)

Also, the report of a two-year follow-up study entitled "A Follow-Up of Vietnam Drug Users" has allayed the fear that the high rate of narcotics abuse among the United States servicemen in Vietnam would result in continued epidemic levels of heroin addiction at home. On the basis of interviewing and urine testing a large sample of

NUMBER OF NARCOTICS-RELATED DEATHS OCCURRING IN "KEY" GEOGRAPHICAL AREAS OF THE UNITED STATES: 1971-73 (PROJECTED).



*Complete figures for 1973 are not yet available.

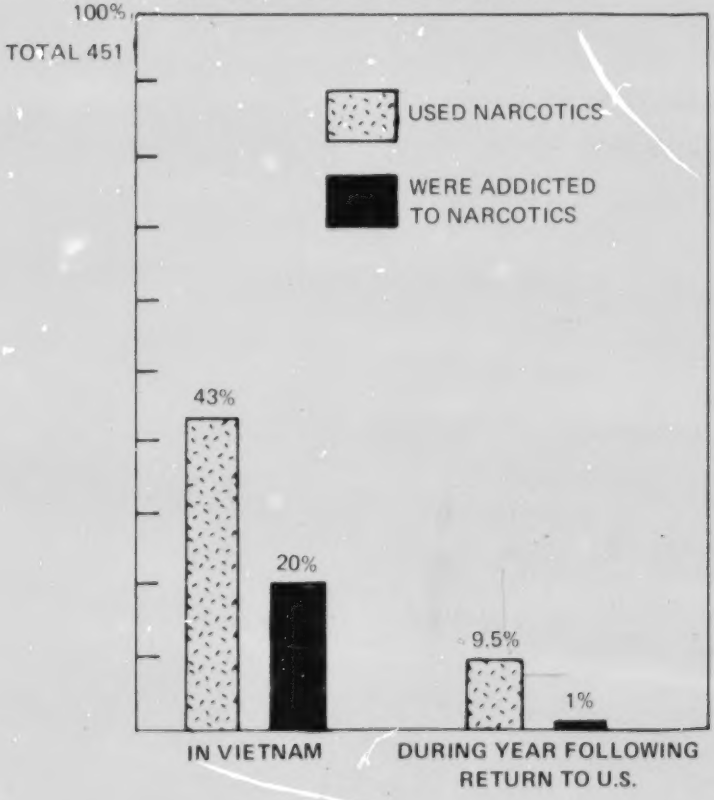
SOURCE OF DATA: Medical examiners/coroners offices

American servicemen who returned from Vietnam in the fall of 1971, the study attempts to determine: the proportion of men who used drugs in Vietnam; the type of drugs and level of dependency; the previous drug abuse history of these users; the proportion of men who

abused drugs after returning to the United States; and the treatment profile of those still abusing drugs. The findings show that the incidence of drug use (at least once) in Vietnam was as follows: alcohol (92 percent), marihuana (69 percent), opium (38 percent), heroin (43 percent), amphetamines (25 percent), and barbiturates (23 percent). In the case of narcotics, amphetamines, and barbiturates, post-service use reverted to pre-service levels. Also, 93 percent of the men who were first introduced to narcotics in Vietnam did not continue such use afterward. The results of this follow-up study illustrate that most narcotics users in Vietnam were able to develop lifestyles upon returning to the United States which did not include dependence on opiates. (See the chart below which illustrates Vietnam Follow-up study findings.)

Supply intervention efforts have also shown considerable success. In New York City, for example, the quality of street heroin (percent of

DRUG USE AMONG ARMY ENLISTED MEN RETURNING TO THE UNITED STATES SEPTEMBER, 1971



active heroin in a given dosage unit) has declined from 7.7 percent in 1972 to 3.7 percent in 1973, a decrease of 52 percent; and the price of heroin has increased from 44¢ per milligram to $1.52, an increase of 250 percent for the same period. These are promising indications that heroin trafficking has been reduced.

The President is determined and has directed that these hopeful signs must not be the occasion for any slackening of effort. Heroin continues to be our number one drug priority. Indeed, we are currently monitoring a disturbing new development—a shift of source as evidenced by significant seizures of brown (Mexican) heroin on the East Coast, an area which had been relatively free of Mexican heroin. This suggests the emergence of new supply routes that replace, at least partially, older supply patterns.

There is no satisfactory unit to measure the true social cost of heroin and other narcotics abuse in the United States. We do know that it has been the direct cause of death for approximately 1,000 people each year. Other social costs reflected in physical addiction, lost productivity, the disintegration of family relationships, criminal activity, sickness and suffering have also been estimated, but with great difficulty and even greater uncertainty. However, the policy implications of even the lowest estimate of these economic and human losses demand that we continue to channel our efforts toward curbing the costs of narcotics abuse.

Use and Abuse of Nonopiate Drugs

In the nonopiate drug category, the illicit supply of depressants, amphetamines, hallucinogens, and cocaine are of equal priority.

Barbiturates and Related Depressants

The extent of nonmedical use of depressants is difficult to estimate. While the most prevalent pattern appears to consist of episodic adolescent use, we do know that depressants are commonly used by alcoholics and heroin addicts as a second drug of abuse. Some studies have indicated that 20 to 35 percent of narcotics addicts use barbiturates or other sedatives fairly regularly, and that from 10 to 70 percent of alcoholics have also used barbiturates and a small percentage have been dependent on them.

Because this class of drugs has extensive use in legitimate medical practice, sedative abuse can arise as a complication of legitimate medical treatment or as a result of the inappropriate and unsupervised use of medication originally prescribed for a legitimate purpose. The depressant drug abuse problem is not confined to use of drugs obtained from illicit traffic, and it is therefore more difficult to determine its extent and social costs.

Recent attempts to reduce the misuse of barbiturates and other sedatives have centered upon controlling availability of illicit supplies and informing the medical profession about the abuse potential when prescribing these substances.

Amphetamines and Related Stimulants

Determining the extent and social costs of amphetamine abuse presents problems similar to those encountered with barbiturates and related sedatives. Unlike heroin, these drugs are used both for legitimate medical purposes and for socially unacceptable purposes. In deciding how to control the abuse of these nonopiate substances one must weigh the value of safe and proper use against the detriment occasioned by unsafe or exploitative uses. Surveys of amphetamine use suggest that 3 to 4 percent of the population claim to have used medically prescribed amphetamines or other stimulants at least once in the year preceding the survey.

Cocaine

As a drug of abuse, cocaine has been available for decades in the United States. Over the last few years, the nonmedical use of cocaine appears to have increased, particularly among those who use other drugs such as heroin. At the present time it is not possible to estimate the extent of use nor is it possible to estimate social cost since cocaine is rarely used in isolation. Its powerful euphoric effects lead many experimenters to repeat the experience and high doses of cocaine may produce a toxic psychosis similar to that produced by amphetamines. Cocaine can be inhaled or injected to provide the user with a stimulating, euphoric effect. The duration of its effect is short, lasting approximately fifteen minutes.

Hallucinogens

The use of hallucinogens is a relatively recent development in the United States. Although the drugs involved (LSD, psilocybin, mescaline) vary in chemical structure, they have similar effects, producing alternations in the way the user perceives himself in relationship to the external world. The use of hallucinogens is quite distinct from other drugs of concern in that compulsive use patterns or even prolonged regular use rarely occur.

A composite picture derived from surveys indicates that approximately 16 percent of college and 8 percent of high school students have used these substances at least once. Although there is a general impression among some of those in touch with treatment and crisis centers that the popularity of hallucinogens is declining, data are not

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available to confirm or dispute this perception.

The social costs of hallucinogen abuse relate primarily to the unpredictability of these drugs' effects. The use of hallucinogens can cause a number of adverse effects ranging from panic to the precipitation of prolonged psychotic or depressive episodes, even in those who have used the substances previously without such effects.

Marihuana and Tetrahydrocannabinol (THC)

The number of Americans who have used marihuana at least once is now estimated at more than 20 million with regular users estimated at 8 million.

The central issue is whether in light of these estimates and the effect of the drug, current attempts to prohibit the availability and use of cannabis products should be abandoned or modified.

We do not believe that a change in policy is warranted at this time. The control of marihuana abuse will continue to be a Federal drug control objective for the following reasons:

- New, more potent forms of cannabis derivatives are becoming available. A very disturbing development in the illicit traffic is the increasing appearance of hashish oil—a liquid concentrate of THC, the psychoactive ingredient of marihuana. The potency of this substance is many times greater than that of marihuana or even ordinary hashish. The possible adverse long-term effects of this powerful hallucinogen may be significant, but are not yet fully understood.
- The effects of chronic heavy use of cannabis and the effects of regular marihuana use have yet to be fully determined. An extended period of time elapsed between the widespread use of tobacco and the demonstration of its deleterious effects. Much marihuana research has been inconclusive, but occasional adverse findings such as tissue damage to the throat and trachea continue to appear.
- The nation's experience with alcohol and tobacco suggests that once consumption of a drug becomes woven into the fabric of society through custom and ritual, subsequent elimination is virtually impossible. Thus, decisions which increase the extent of use are generally irreversible.
- We are aware of the assertions that few individuals are deterred from marihuana use by the present legal prohibitions and that only a small percentage of total arrests result in imprisonment. Nonetheless the extent of use would probably be far greater in the absence of such continued sanctions. We are not in favor of any measures which would tend to increase the total number of users and, hence, the potential number of heavy users.

Changes in Federal law in 1970 reduced the marihuana possession penalty for first offenders from a felony to a misdemeanor. At present, Federal judges have the discretion to impose fines rather than imprisonment in all possession cases, and in the case of juvenile first offenders, the record may be expunged as well. In practice, Federal and State courts are increasingly reluctant to impose prison sentences for those accused of marihuana possession at least in the case of a first offense.

Subjecting citizens to the possibility of incarceration for marihuana use is undesirable, but legal distribution of marihuana is also undesirable. The problem remains one of weighing the value of deterrents and regulatory mechanisms against the perceptions of that segment of the society which views marihuana as harmless.

It will continue to be the policy of Federal law enforcement efforts to distinguish between casual marihuana users and those who traffic in marihuana and related substances, and to seek harsher sanctions for the latter.

Multiple Drug Use

While it is convenient for the purposes of discussion to consider each of the primary drugs of abuse separately, most involved drug abusers use not one but several different drugs individually or in combination. Patterns of multiple drug abuse—also referred to as polydrug abuse—include either drug substitution or the use of several drugs simultaneously to attain a sequence of effects.

Substances being employed in multiple drug use patterns include alcohol, barbiturates and related depressants, amphetamines and similar stimulants, cocaine, volatile intoxicants, hallucinogens, tranquilizers, marihuana, hashish, and such opiates as heroin, morphine, and synthetic pain killers. This list includes most of the commonly used substances which affect human moods, emotions, and cycles of sleep and wakefulness. Changes in any of these states may or may not lead to visible impairment of human functions, but acute intoxication does appear to produce measurable and profound performance impairment, and severe overdose often results in death.

These patterns of multiple drug use make it more difficult to estimate the size of a given problem. While we may be able to estimate the number of abusers of each substance, the overall estimates are not necessarily conclusive, since a single individual may be counted in more than one group. We can say, however, that in the course of the past several years multiple drug abuse has remained a continuing and substantial problem. Given the widespread availability of many of the substances employed in multiple drug patterns—through both licit and illicit channels—the Federal Government is continuing to address the

spread of multiple drug abuse through demonstration prevention activities and through law enforcement programs.

Alcohol as a Drug Abuse Problem

In terms of deaths, disease, and economic losses, alcoholism is certainly among the most serious drug abuse problems in contemporary American society. The National Institute for Alcohol Abuse and Alcoholism in the Alcohol, Drug Abuse and Mental Health Administration within HEW devotes itself exclusively to problems caused by this single drug.

In its severest form, chronic alcoholism is manifested by disruption of normal social and family ties, job loss and diminution of earning capacity, compromised physical and psychological health and decreased life expectancy. The lethal consequences of alcoholism are well documented. Alcoholic cirrhosis is a significant cause of death among young and middle-aged urban males. Furthermore, there is abundant evidence that alcohol intoxication and abuse may contribute to aggressive behavior.

The social costs of alcoholism have been conservatively estimated as high as $15 billion annually. Yet, with all of its costs, we recognize that millions of Americans use alcohol without serious ill effects and that the use of alcohol is a part of American life. Since the use of alcohol has been part of our national life, its use is not felt to threaten our basic value structure. In contrast, for most Americans the newer drug abuse problems have few, if any, redeeming features in terms of social ritual and custom. Moreover, there is a realistic possibility of preventing these drug abuse problems from reaching the proportions of the alcoholism problem.

Alcohol abuse and the more recent varieties of drug abuse should not be perceived as unrelated problems. We recognize that alcohol abuse is not restricted to the alcoholic individual, but is also closely associated with many other forms of drug abuse. It has become increasingly apparent that both opiate and barbiturate abusers frequently abuse alcohol. Further, there are many similarities between opiate, barbiturate, and alcohol abuse which suggest related causal mechanisms.

We believe that there are areas where integration of activities, including the development of programs of prevention, education, and research, would benefit these related problems. The creation of the new Alcohol, Drug Abuse and Mental Health Administration (ADAMHA) within the Department of Health, Education, and Welfare should ensure closer policy coordination in the future.

Tobacco as a Drug of Abuse

In certain respects the use of tobacco parallels the use and abuse of other drugs. There is no doubt that chronic cigarette smoking is a form of drug dependence. There is also no doubt that chronic heavy use produces tissue damage and is believed to be the chief cause of lung cancer as well as a major factor in heart disease and emphysema. Like alcohol, use of tobacco is deeply ingrained in contemporary American social custom and ritual.

The problem of reducing the use of tobacco in the presence of widespread availability and social acceptance underscores the difficulty in dealing with other forms of drug abuse. Efforts to combat cigarette smoking do not fall under the purview of the Strategy Council but are part of the overall mission of the Department of Health, Education, and Welfare.

As with alcohol, the omission of detailed discussion of tobacco in this document does not imply a disregard for the health hazards involved.

D. DIRECTIONS FOR STRATEGY 1974

It has become clear that if drug prevention efforts are to succeed, a delicate balance must be struck between the control of the *supply* of drugs and the *demand* for drugs. The control of drug abuse must, therefore, weigh the safe and proper use of substances against the unsafe and exploitative uses. Prevention efforts must balance the excesses of a minority against the normal activities of medical practice, self-medication, research, and social custom.

The close coordination of law enforcement efforts aimed at controlling the domestic and international supply of illicit drugs and prevention programs aimed at reducing the demand for these substances is a major theme of **Strategy 1974**. This theme was most recently stressed at the Presidential level at a November, 1973 meeting of the Domestic Council Committee on Drug Abuse and the Cabinet Committee on International Narcotics Control. At that meeting, which highlighted the President's continued high priority on drug abuse prevention and control, it was emphasized that continued coordination of programs addressing illicit drug supply on the one hand and demand on the other is essential if the momentum established over the past two years is to be maintained.

Following are the major Federal objectives in all areas of drug abuse prevention and control. For the remainder of Fiscal Year 1974 and Fiscal Year 1975:

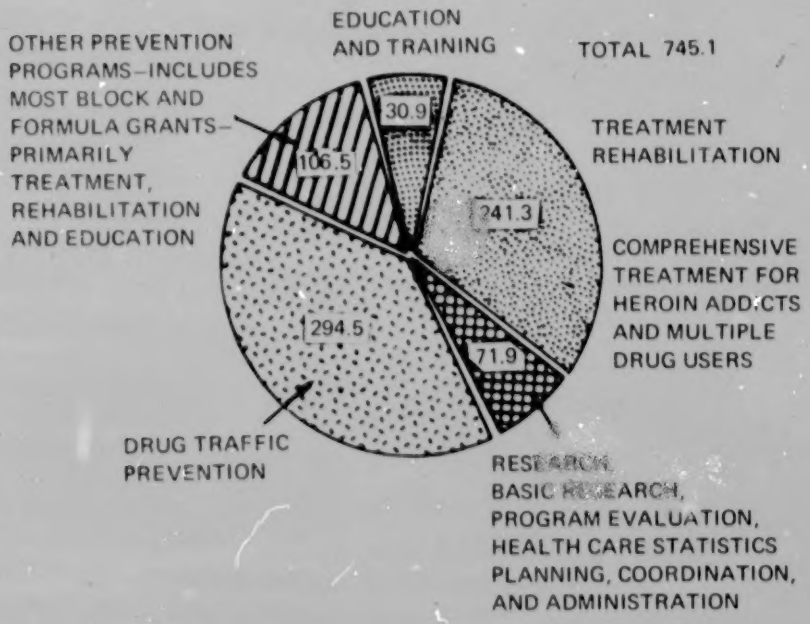
- It will be **Strategy 1974** policy to continue to make treatment facilities available for the treatment of multiple drug abusers as

well as abusers of nonopiate substances. Seriously dependent, nonopiate drug abusers will be encouraged to utilize any excess capacity in existing treatment facilities.

- It will be **Strategy 1974** policy to strengthen community outreach programs which will seek out and bring into treatment hard-core heroin addicts.
- It will be **Strategy 1974** policy to continue to upgrade the quality, accountability, and management efficiency of federally funded drug treatment programs.
- It will be **Strategy 1974** policy to increase and improve coordination between drug treatment programs and existing job counseling and job placement services designed to speed the return of treatment patients to productive lives.
- It will be **Strategy 1974** policy to design and initiate a demonstration program of school-based early intervention.
- It will be **Strategy 1974** policy to improve the capability of the newly established Single State Agencies for drug abuse prevention to plan and deliver drug abuse prevention services at the local level in accordance with the precepts of the New Federalism.
- It will be **Strategy 1974** policy to continue to maintain the integrity of all Federal treatment and law enforcement efforts through the development of clear operating regulations.
- It will be **Strategy 1974** policy to maintain emphasis on elimination of illicit traffic in heroin as the top priority in drug enforcement.
- It will be **Strategy 1974** policy to increase enforcement emphasis on the control of nonopiate substances through both licit and illicit channels.
- It will be **Strategy 1974** policy to upgrade the quality and efficiency of Federal drug law enforcement efforts.
- It will be **Strategy 1974** policy to increase diplomatic and enforcement efforts against newly emerging international heroin smuggling routes.
- It will be **Strategy 1974** policy to increase efforts to identify and curb the activities of major international heroin and cocaine syndicates.
- It will be **Strategy 1974** policy to support enforcement efforts in 60 countries designated as major trafficking areas.

Strategy 1974 outlines the Federal response to critical issues of drug abuse prevention and control. The following chapters integrate programmatic action plans and budgetary projections with detailed policy discussions. (A chart summarizing the overall Fiscal Year 1975 Federal drug abuse budget appears on the following page.)

1975 FUNDING OF FEDERAL DRUG ABUSE PROGRAMS
(ESTIMATED OBLIGATIONS IN $ MILLIONS)


EDUCATION AND TRAINING
TOTAL 745.1
OTHER PREVENTION PROGRAMS–INCLUDES MOST BLOCK AND FORMULA GRANTS–PRIMARILY TREATMENT, REHABILITATION AND EDUCATION
30.9
106.5
TREATMENT REHABILITATION
241.3
COMPREHENSIVE TREATMENT FOR HEROIN ADDICTS AND MULTIPLE DRUG USERS
294.5
71.9
DRUG TRAFFIC PREVENTION
RESEARCH, BASIC RESEARCH, PROGRAM EVALUATION, HEALTH CARE STATISTICS PLANNING, COORDINATION, AND ADMINISTRATION

Although estimated obligations for Federally supported treatment programs will decrease in FY 75 as compared with FY 74, outlays–i.e., funds actually being spent in local communities–continue to rise. This reflects the very rapid infusion of funds into community drug treatment programs during FY 73 (up 40%) and the current fiscal year (up 54%) after an initial lag due to the normal delays that were incurred as many new programs were getting started. Outlays will increase a further 6% to $241 million in FY 75. This figure does not include LEAA block action grants to the States to support community treatment programs as alternatives to incarceration and drug treatment programs in correctional institutions, in both of which categories funding will also increase.

Chapter II presents a discussion of Federal efforts to curb the demand for drugs through programs of education, treatment, rehabilitation, training, research and evaluation. This chapter also includes a programmatic and budgetary summary and formulates drug prevention goals for 1974 as well as plans for goal implementation.

Chapter III describes new international initiatives to reduce the supply of abusable substances and presents domestic and international drug law enforcement priorities and action plans for 1974. This chapter also addresses the issue of prosecution, sentencing, and treatment of drug violators.

Chapter IV discusses the interrelationship between the drug treatment and criminal justice systems and describes new initiatives designed to strengthen cooperative efforts between the two systems.

Chapter V summarizes the major strategy themes and 1974 goals. In addition, the new Federal treatment funding strategy is outlined.

II
DEMAND REDUCTION

A. OVERVIEW

The overall Federal drug abuse strategy involves a two-pronged effort to reduce the *supply* of illicit drugs through law enforcement programs and international agreements and to reduce the *demand* for these substances through treatment, education, and a better understanding of the fundamental causes of dysfunctional drug use.

This chapter details those Federal drug abuse prevention initiatives which are directed toward demand reduction. The current approach coordinates a broad spectrum of activities ranging from early intervention efforts designed to preempt the drug abuse problem in its formative stages to aftercare activities aimed at preventing an individual's return to harmful drug use following treatment. This policy discussion must first, however, be placed in the context of a recent reorganization of the Federal drug prevention system.

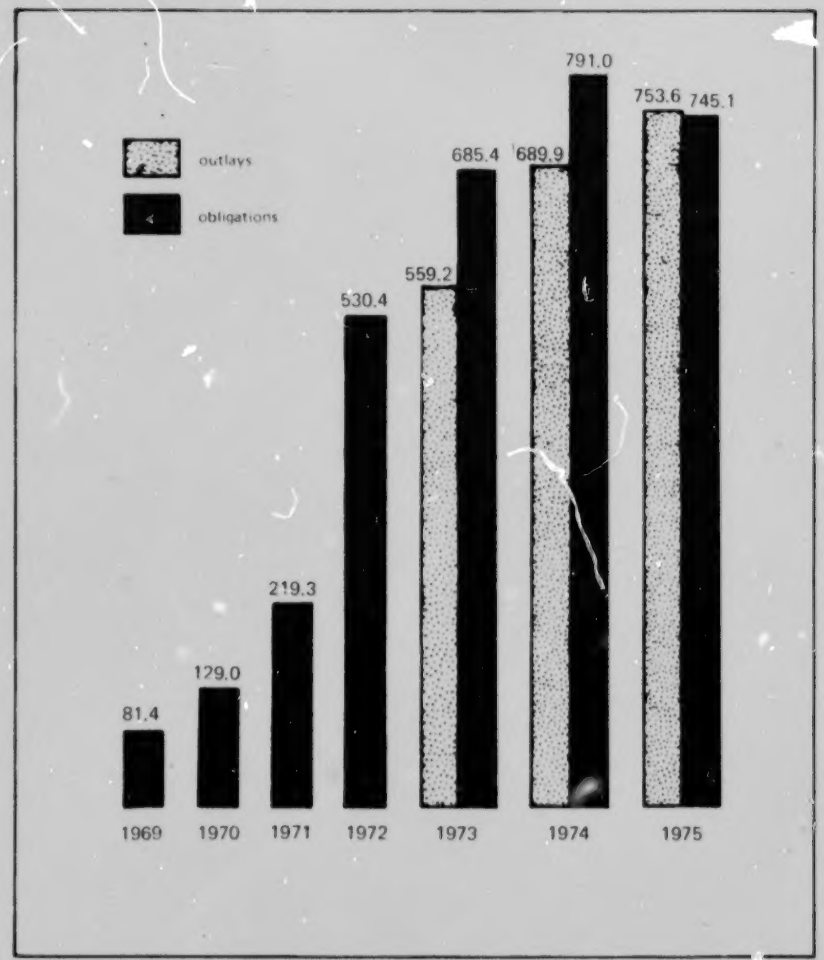
B. REORGANIZATION OF THE FEDERAL DRUG ABUSE PREVENTION EFFORT

The Special Action Office for Drug Abuse Prevention, proposed by President Nixon in 1971 and authorized by Congress in March, 1972, was created to give vigorous direction to the entire Federal drug abuse prevention effort. Public Law 92-255, which authorized the establishment of a temporary Special Action Office, also provided that a permanent National Institute on Drug Abuse (NIDA) be established in the Department of Health, Education, and Welfare.

NIDA is one of three units under the new Alcohol, Drug Abuse and Mental Health Administration (ADAMHA). The other two are the National Institute on Alcohol Abuse and Alcoholism and the National

FUNDS FOR FEDERAL DRUG ABUSE PREVENTION AND LAW ENFORCEMENT PROGRAMS

FY 1969-1975 (Obligations and outlays in millions)



Institute of Mental Health. As a result of a gradual phasing out of the Special Action Office, NIDA will assume many of the present functions and responsibilities of that agency by the end of Fiscal Year 1975.

The relationships resulting from this reorganization are reflected in the chart located at the bottom of the following page.

CONSOLIDATED FY 1975 DRUG ABUSE PREVENTION AND DRUG LAW ENFORCEMENT BUDGET

(Dollars in millions)

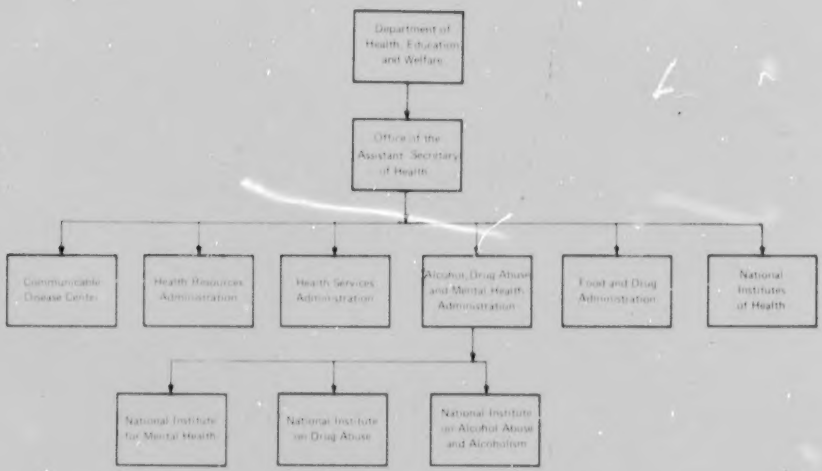
CATEGORY	FY 1973 ESTIMATE			FY 1974 ESTIMATE			FY 1975 ESTIMATE		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
DRUG ABUSE PREVENTION	523.9	463.7	364.7	505.3	536.3	445.2	450.6	450.6	460.2
• DIRECTED PROGRAMS	400.2	340.0	238.3	409.0	440.0	345.5	344.1	344.1	353.8
• OTHER*	123.7	123.7	126.4	96.3	96.3	99.7	106.5	106.5	106.4
DRUG LAW ENFORCEMENT	200.0	221.7	194.5	254.7	254.7	244.7	294.5	294.5	293.4
GRAND TOTAL	723.9	685.4	559.2	760.0	791.0	689.9	745.1	745.1	753.6

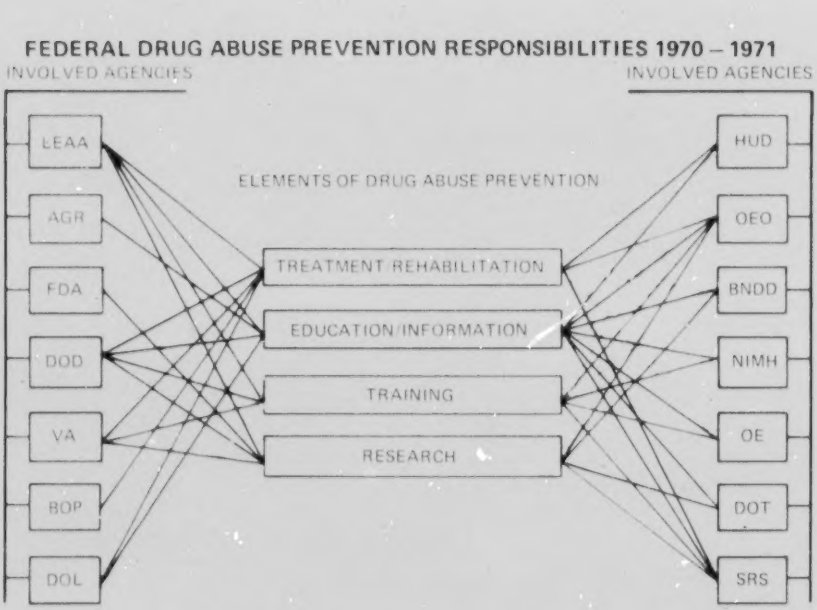
*Drug abuse effort within larger Federal programs, including block and formula grants.

In addition to the increased program effectiveness and efficiency expected as a result of this reorganization, the proximity of NIDA to the National Institute on Alcohol Abuse and Alcoholism and the National Institute of Mental Health will allow for closer policy coordination among these related agencies.

NIDA will manage the great majority of Federal drug abuse prevention activities.

The chart on page 18 best summarizes the overall coordinative effect of this policy.


Department of Health, Education and Welfare
Office of the Assistant Secretary of Health
Communicable Disease Center
Health Resources Administration
Health Services Administration
Alcohol, Drug Abuse and Mental Health Administration
Food and Drug Administration
National Institutes of Health
National Institute for Mental Health
National Institute on Drug Abuse
National Institute on Alcohol Abuse and Alcoholism



C. POLICY, PROGRAM, AND BUDGET ANALYSIS

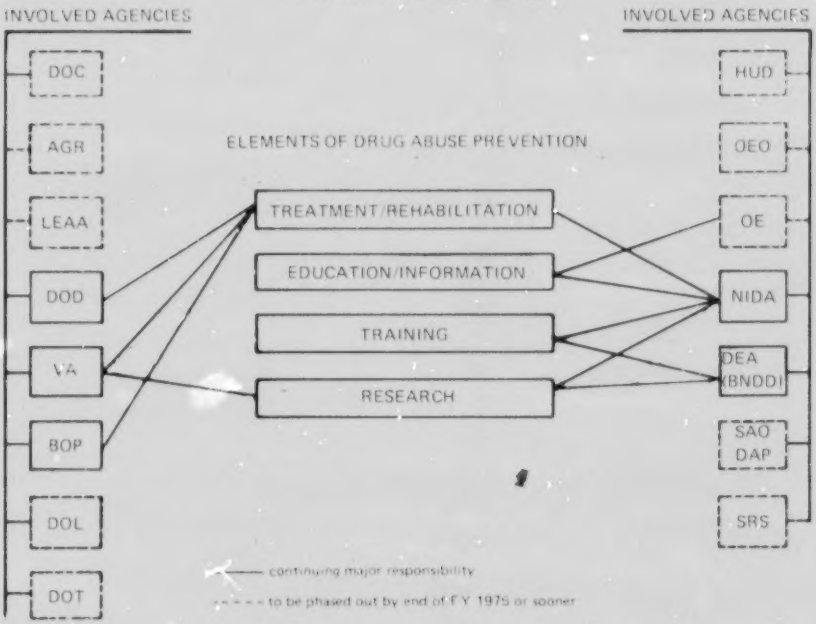
The following charts provide a budgetary overview of the Federal drug abuse prevention effort by agency and program. The remaining sections of this chapter describe ongoing and planned Federal drug abuse prevention initiatives in the areas of treatment and rehabilitation, education, training, research and evaluation. **Strategy 1974** Action Plans and Budgetary Projections accompany each discussion, and the prevention efforts of the Department of Defense, the Veterans Administration, and the Bureau of Prisons are analyzed as distinct systems. Concluding the chapter is a discussion of Federal participation in the field of international drug abuse treatment and prevention.

Treatment and Rehabilitation

Development of Treatment Capacity

The main thrust of the Administration's drug abuse prevention policy over the past two years has been to develop and support a nationwide network of heroin treatment centers to meet a level of demand which State, local, and private treatment facilities were unable to accommodate.

PRIMARY FEDERAL DRUG ABUSE PREVENTION RESPONSIBILITIES – FY 1974 AND BEYOND



This Federal treatment expansion project was based on three principles. First, the treatment of heroin users and addicts should be given top priority, although services should be made available for other types of abuse. Second, a range of treatment alternatives should be offered clients, including methadone maintenance and drug-free therapy. Third, priority should be given to those seeking treatment voluntarily.

As a result of this initiative, greater treatment capacity was developed during the past two and one-half years than in the preceding 50 years. The number of patients in programs supported by the Federal Government increased from 16,000 to 82,000 during the same period. Stimulated by this Federal leadership, the Nation's community drug abuse treatment programs now have the capacity to treat over 160,000 opiate and non-opiate patients at any one time. About 130,000 of these patients are being treated for opiate abuse while the remainder are in treatment for problems with non-opiate drugs such as amphetamines, barbiturates and hallucinogens. About half of the total drug abuse patients are in programs funded by the Federal government. Seventy

percent of these patients in federally funded programs are being treated for opiate problems and 30 percent are in treatment for non-opiate problems. Most significantly, the number of individuals on heroin treatment "waiting lists" has dwindled to 2,000-3,000 in one geographical area, declining from a high point of 30,000 in 1972. (Charts on the following pages illustrate growth and nature of Federal treatment capacity.)

One of the major developments of the last year was the emergence of excess treatment capacity in many cities after years of waiting lists in these same cities. In response to this development the Federal government decided to hold its total capacity to 95,000 community-based treatment slots, to develop outreach programs to bring more untreated drug abusers into treatment, to open up the treatment system to non-opiate abusers, and to draw down funding in programs which had unused treatment capacity and reallocate this money to communities which continue to have an unmet treatment demand. It is not yet clear whether the drop in treatment demand in some cities signals a national decline in treatment demand or whether the treatment capacity was simply overdeveloped in these communities. The issue of possible diminishing demand for treatment, along with the level of State and local drug abuse prevention funding, will play a major role in determining the size of the Fiscal Year 1976 Federal drug abuse prevention budget request.

Treatment and Rehabilitation Priorities

In light of this encouraging progress, Federal treatment and rehabilitation policy for the remainder of Fiscal Year 1974 and for Fiscal Year 1975 will reflect the following priorities:

- To maintain current opiate treatment capacity and to continue to make treatment programs available for the multi-drug and nonopiate drug abusers.
- To initiate and support a variety of outreach programs designed to bring into treatment drug abusers, particularly hard-core heroin addicts, who have not sought out available treatment services on their own.
- To increase and improve coordination between drug treatment programs and existing job training, job placement, and rehabilitation programs.
- To upgrade the quality and efficiency of the entire Federal drug treatment and rehabilitation capability.
- To bolster the State and local response to drug abuse and gradually return program management authority to the States. (This policy will be discussed in Chapter V.)

FY 1975 DRUG ABUSE PREVENTION AGENCY CROSSCUT

– DIRECTED PROGRAMS –

(Dollars in millions)

AGENCY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
SAODAP	51.9	39.9	4.9	51.0	53.1	54.9	18.0	18.0	38.4
HEW									
NIDA	227.7	179.9	121.1	243.8	272.7	183.5	216.6	216.6	203.5
OE	12.4	12.3	11.1	5.7	5.7	8.0	-0-	-0-	8.0
SRS	1.4	1.4	2.3	1.0	1.0	1.3	0.8	0.8	0.9
OEO	(23.0)*	(23.0)*	(16.5)*	-0-	-0-	-0-	-0-	-0-	-0-
VA	25.6	25.6	25.6	25.5	25.5	25.5	26.5	26.5	26.5
JUSTICE									
BOP	3.4	3.4	3.4	4.5	4.5	4.5	7.8	7.8	7.8
LEAA	0.6	0.6	0.2	1.3	1.3	1.0	1.4	1.4	1.3
DEA	2.6	2.3	1.6	2.6	2.6	1.9	2.6	2.6	1.9
DOD	74.6	74.6	68.1	73.6	73.6	64.9	70.4	70.4	65.5
TOTAL	400.2	340.0	238.3	409.0	440.0	345.5	344.1	344.1	353.8

*Included in totals for NIDA

FY 1975 DRUG ABUSE PREVENTION PROGRAM CROSSCUT

– DIRECTED PROGRAMS –

(Dollars in millions)

PROGRAM CATEGORY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
TREATMENT/REHABILITATION	266.3	227.5	147.0	274.7	306.5	226.7	241.3	241.3	240.9
EDUCATION/INFORMATION	27.0	25.6	26.2	20.0	20.0	21.2	16.5	16.5	23.9
TRAINING	18.7	15.6	12.9	22.6	22.6	19.7	14.4	14.4	15.5
RESEARCH	64.3	52.4	33.4	65.3	62.4	51.0	46.2	46.2	46.1
EVALUATION	4.4	4.4	3.3	3.4	3.4	2.4	2.5	2.5	2.6
PLANNING/DIRECTION MGT/SUPPORT	19.5	14.5	15.5	23.0	25.1	24.5	23.2	23.2	24.8
TOTAL – DIRECTED PROGRAMS	400.2	340.0	238.3	409.0	440.0	345.5	344.1	344.1	353.8

1. Opiate Treatment Priority

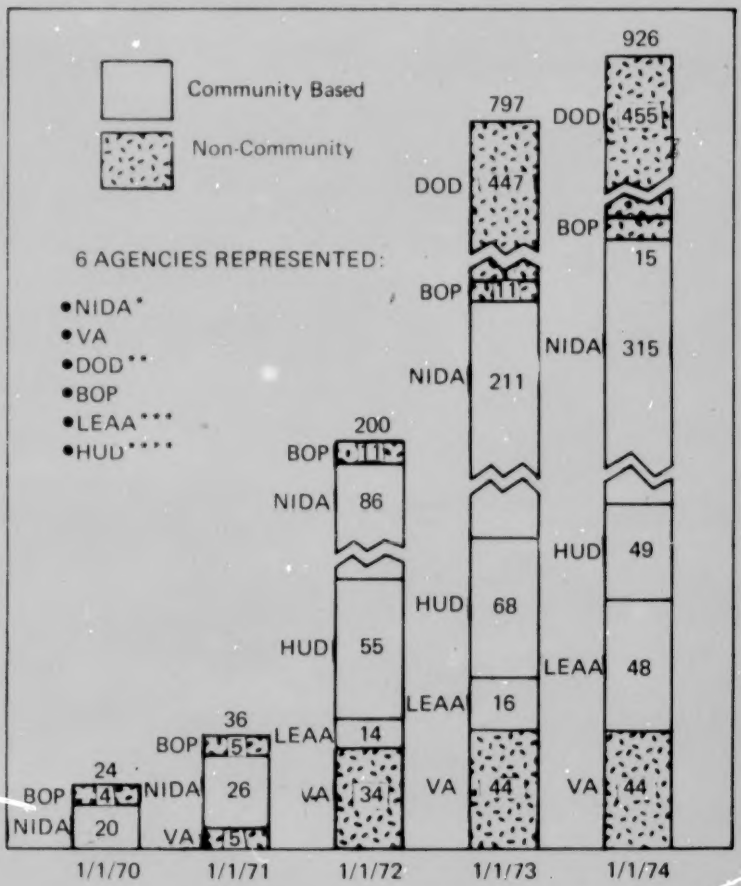
Treatment for opiate abuse will continue to receive top priority in those centers which are operated or supported by the Federal Government. As in the past, each client will be offered a number of treatment modalities including drug-free therapy as well as methadone maintenance and other chemotherapeutic techniques. This policy has also been reflected in State and local treatment programs across the nation. Of the national census of the 130,000 patients receiving treatment for opiate abuse, approximately 60 percent are in methadone treatment, an additional 4 percent are in detoxification treatment, and the remainder—about 36 percent—are in drug-free treatment programs.

In federally funded programs for opiate abuse, 55 percent are in methadone maintenance programs, 3 percent in detoxification programs, and 42 percent are in drug-free programs.

The Federal Government has viewed methadone maintenance as only one of a number of effective modalities for the treatment of heroin abuse or other forms of opiate abuse. Methadone has proven to be of great value in stabilizing the hard-core heroin addict, thereby facilitating a resumption of productive patient activity. However, one problem encountered in recent years has been the emergence of an illicit market in methadone, caused by lax clinical procedures and in some areas by insufficient methadone treatment capacity. In order to permit an orderly expansion of methadone treatment programs while minimizing the diversion of methadone, the Food and Drug Administration last year promulgated strict regulations governing the use of methadone in treatment programs. These regulations, which took effect in March of 1973, require the following:

(1) minimal staffing patterns;
(2) mandatory patient informed consent;
(3) emphasis on the role of the physician;
(4) documentation of all medical determinations at intake;
(5) documentation of patient progress toward rehabilitation;
(6) documented linkages with accessible medical services within the community;
(7) a mechanism for requiring urine testing laboratories serving methadone treatment programs to participate and perform satisfactorily in a federally-approved proficiency testing program;
(8) a "closed" distribution system for methadone in which methadone would be available for appropriate treatment and medicinal purposes as authorized by Federal and State governments;
(9) the development of a close relationship between State-designated methadone authorities and the FDA.

NUMBER OF FEDERALLY FUNDED DRUG TREATMENT PROGRAMS



*Includes OEO programs (remaining programs were transferred to NIDA in the fall of 1973).

**1/1/72 DOD facilities data unavailable: 1/1/74 data reflect 10/31/73 facilities totals worldwide.

***The bulk of LEAA-funded treatment programs are block action grants; discretionary treatment funding is being phased out during FY 1974.

****The model cities program, under which city agencies have utilized federal block grant inter alia to support drug abuse related activities, is being phased out during FY 1974.

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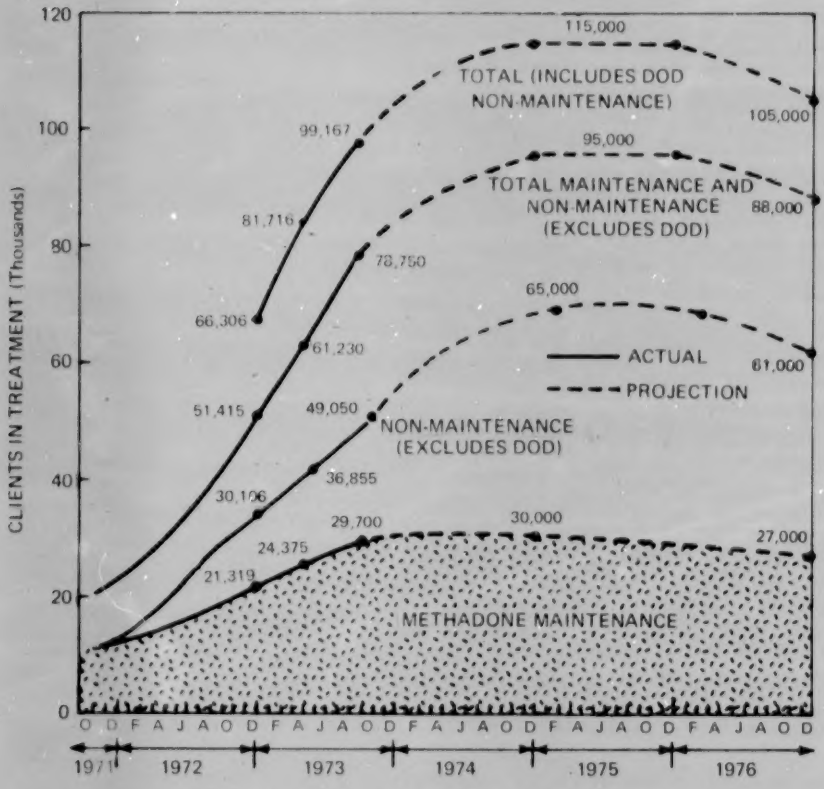
CLIENTS IN TREATMENT IN FEDERALLY SPONSORED PROGRAMS

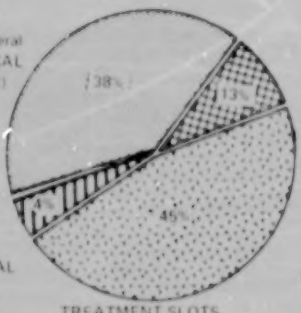


Federally sponsored programs are those directly operated by the Federal Government (DOD, VA, BOP) or those primarily supported in whole or part by categorical grants and contracts. In addition, we estimate that in 1973, State, local and private programs were providing care to about 80,000 drug users and addicts. We estimate that in the period following 1975 the reduction in the growth of the heroin problem will be reflected in a reduction in the number of clients in treatment.

The Methadone Treatment Policy Review Board—in which representatives of all Federal agencies involved with methadone treatment participate—is responsible for reviewing the implementation of these guidelines on the Federal, State, and local levels, resolving complex issues of interpretation, and developing revisions as appropriate. (A chart describing the Federal commitment to chemotherapeutic vs. nonchemotherapeutic care appears on the following page.)

Heroin treatment remains the first priority of the Federal Government. The Federal Government will complement State, local, and private resources to ensure that adequate treatment capacity exists in

APPROXIMATE DISTRIBUTION OF FY 1974-1975 TREATMENT SLOTS



COMMUNITY BASED TREATMENT SLOTS IN DIRECTED PROGRAMS (about $160M/year in Federal Funds) WITH STATE LOCAL MATCH (about $40M/year) WHERE APPLICABLE (about 95,000 slots)

INSTITUTIONAL TREATMENT SLOTS (VA DOD BOP) (about 31,000 Slots and $70M Federal funds)

DOD	20,000
VA	8,000
BOP	5,000
	33,000

COMMUNITY BASED TREATMENT SLOTS SUPPORTED BY FEDERAL BLOCK GRANTS (about 10,000 slots and $20M Federal Funds)

TREATMENT SLOTS NOT SUPPORTED BY FEDERAL FUNDS (about 111,000 slots and $210M state/local funds)

TOTAL 249,000

Note: State and local figures shown above are estimates based on limited data and are accurate to about ±15%. DOD estimate based upon projected average monthly levels of treatment service delivery (includes inpatient, residential, and outpatient services).

the United States to treat all heroin addicts who enter treatment. Additionally, the Federal Government will vigorously pursue programs designed to reach out and bring addicts into treatment who have been reluctant to enter treatment or have failed treatment in the past.

While the heroin priority is clear, the Federal Government will also continue to make treatment available for the multi-drug and nonopiate abusers. Any excess capacity in existing treatment facilities will continue to be available for these groups.

The Federal Government will closely monitor the use of treatment resources to ensure that Federal funds are efficiently utilized. Unused treatment resources will be reprogramed to meet the drug abuse treatment demands of other communities.

Finally, cooperative efforts will continue to be developed with health and law enforcement agencies to control indiscriminate prescribing practices on the part of those physicians who are currently in violation of sound medical standards.

2. Federal Outreach Initiatives

As part of the Administration's comprehensive approach to drug abuse prevention, innovative Federal outreach programs are being developed by the Special Action Office and NIDA to identify and refer to treatment those drug abusers and particularly hard-core heroin addicts who have not been reached by or responded to customary

incentives. Included are those individuals who have received treatment, relapsed into drug abuse and failed to return for care.

A survey of existing outreach efforts, including those in areas such as physical and mental health, alcoholism, and juvenile delinquency, will be conducted this year under the auspices of the Special Action Office. In addition to this survey, pilot demonstration outreach projects will be established in several cities, based on the following five models:

- *Offender population in the criminal justice system*—An expanded TASC concept (Treatment Alternatives to Street Crime programs, discussed in Chapter IV) is being designed to relate to all levels of the criminal justice system.
- *Industry*—Investigate efficacy of linkage with industry which would make treatment information available.
- *Students*—Demonstration peer counseling and school-based early intervention programs will be initiated.
- *Patients with medical complications of drug abuse*—This model will link hospital emergency rooms, specialty out-patient clinics, and in-patient units with community treatment facilities.
- *Active addicts and treatment program dropouts*—Patients will be encouraged to attract their peers into treatment programs. Also, mobile vans with treatment and referral facilities will be tested in areas where the incidence of drug abuse is particularly high.

The specific type of outreach techniques utilized in any community will depend upon the magnitude and type of the drug problem, the size of the area being served, the referral services already present, staff preferences, and the availability of specific untreated or hard-to-reach target populations.

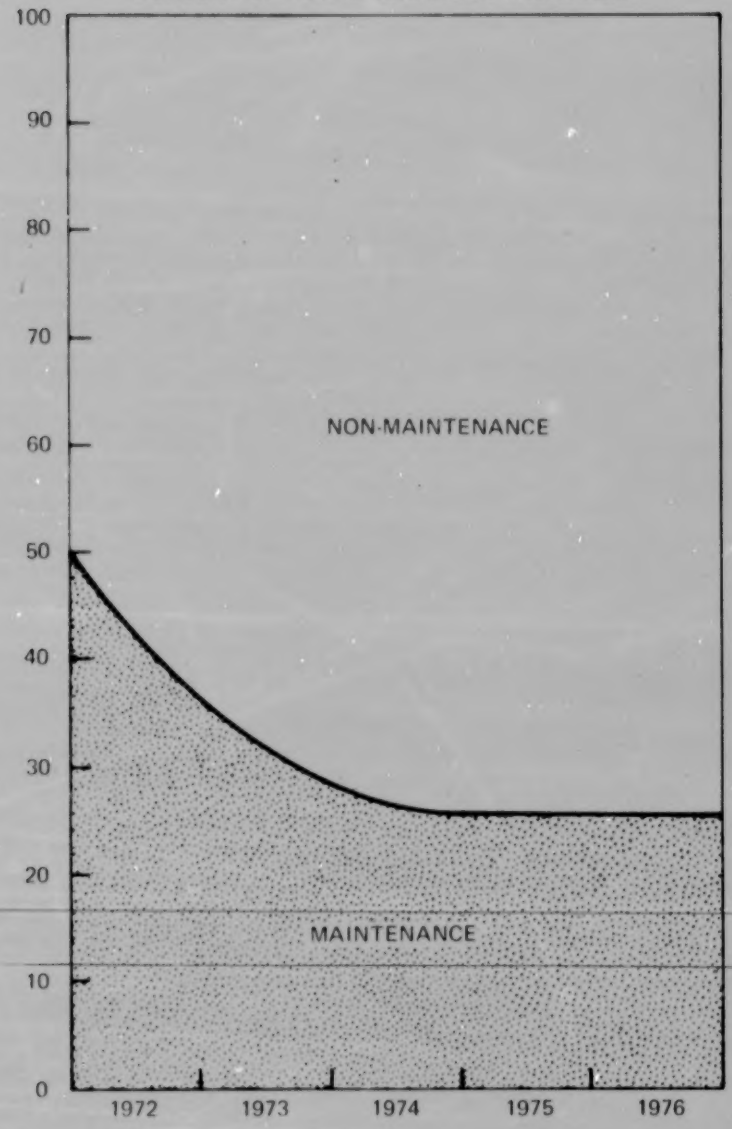
These programs will be evaluated according to such criteria as the number of individuals referred for treatment, past drug history or treatment experience of patients, and program success rates. Special Action Office and NIDA analyses will include recommendations on staffing patterns and cost so that the outreach concept may be incorporated into Fiscal Year 1975 treatment and rehabilitation projects.

3. Rehabilitation of the Treatment Client

If Federal, State, and local drug abuse treatment services are to be more than temporary holding operations, they must assure that their clients can have access to a range of rehabilitation alternatives, including basic education opportunities, vocational counseling, skills training and job placement.

NIDA and the Special Action Office are now concentrating on important operational considerations in coordination with existing

MAINTENANCE vs NON-MAINTENANCE TREATMENT
MODALITIES IN FEDERALLY SPONSORED PROGRAMS
(PERCENT OF TOTAL CLIENTS IN TREATMENT)



Federal, State, and local efforts. What types of rehabilitation services are most effective for various types of individuals? At what point during treatment should such services be introduced? Do artificial barriers exclude ex-drug abusers from training and employment opportunities? If so, how can these barriers be eliminated?

The following NIDA and Special Action Office projects are aimed at resolving these issues:

- "Jobs for Ex-Drug Abusers" programs, involving job counseling and placement services are now operational in four major cities. These Federal projects are being carried out in cooperation with Opportunities Industrialization Centers in Boston and Detroit and with the Mayor's offices in Philadelphia and Chicago.
- Client follow-up studies are now being conducted to determine the employment potential of clients who have received drug-free rather than methadone maintenance therapy.
- Plans for manpower and rehabilitation projects are being developed with the Department of Labor, the Social and Rehabilitation Service, and the Civil Service Commission.
- Federal assistance is being provided to the States and to the Joint Commission on the Accreditation of Hospitals to aid the development of treatment and rehabilitation statutes and accreditation standards, respectively.
- A federally funded national media campaign will focus on the employment potential of ex-drug abusers and on the myths which have heretofore fostered discrimination.

4. Upgrading the Quality of Care

A third major priority for Fiscal Year 1974 and Fiscal Year 1975 involves upgrading the quality and accountability of all federally funded treatment and rehabilitation efforts. The Special Action Office and NIDA are currently engaged in a four-part program to achieve this goal. The components of that effort include: (1) the funding of Central Intake Units; (2) the development of treatment standards and guidelines for all federally supported projects; (3) provision of technical assistance to community-based treatment facilities; and (4) implementation of data collection systems.

The development of a national network of drug abuse treatment and rehabilitation facilities which can provide quality care to drug abusers is a dynamic, continuous process. As part of the continuous process of improvement, Central Intake Units have now been established to provide diagnostic evaluations of patients, followed by monitored referral to appropriate local treatment programs. This mechanism is designed to assure client access to all available treatment modalities and to encourage more efficient use of community resources.

The current Federal approach regarding drug abuse treatment quality standards is to assist the Single State Agencies and their emerging State licensure systems—along with the professional and paraprofessional drug abuse treatment community—to develop appropriate quality service delivery standards. The new Federal funding criteria (discussed in Chapter V) for treatment services specify only the minimum standards, such as elements of appropriate service to be provided at a cost level which maximizes treatment capability. Model staffing patterns and costs are being identified and service delivery models are being designed for each treatment modality. For the most part, however, the funding criteria facilitate increased State and local responsibility regarding programmatic and fiscal decisions.

The Federal Government's role in developing treatment standards must be viewed as only part of a larger effort. States are in the process of establishing their own minimum standards for licensure of both public and private treatment, rehabilitation, and prevention programs which in many cases will be more stringent than the Federal guidelines.

In addition, the Special Action Office is sponsoring the development of voluntary accreditation standards for drug abuse programs. Optimal achievable standards will be formulated by treatment professionals and will be implemented by a national health facility accrediting organization.

A federally administered system of on-site clinical technical assistance has also been designed to help the States and communities upgrade the quality of treatment services. Such assistance ranges from instruction on specific drug treatment techniques to expert guidance on appropriate workload levels and cost ranges.

Finally, a new system of data collection is contributing to the upgrading of Federal drug treatment programs. The key element of this project is the Client Oriented Data Acquisition Process (CODAP). By providing essential information on the nature, extent, and severity of drug abuse as measured by admission to treatment programs, CODAP functions as a sensing mechanism for the identification of potential problems and appropriate areas for research. CODAP is also designed to provide treatment personnel with sufficient client information to assure quality care. In this regard, the patient's right to confidentiality will be fully respected.

These initiatives constitute a balanced effort to upgrade the quality of treatment, to enhance the accountability of treatment program grantees, and to increase the overall efficiency of the Federal drug abuse treatment system.

The **Strategy 1974** Action Plan and Budgetary Projection for drug abuse treatment and rehabilitation are as follows:

- Programs offering both drug-free and chemotherapeutic treatment for opiate abusers will continue to be funded at levels adequate to serve the estimated national demand for such

services, in partnership with State, local, and private funding sources. Treatment programs will also continue to offer services to multiple-drug abusers.

- Demonstration outreach programs will be designed and managed by the Special Action Office and NIDA to identify and treat heroin users who have not previously sought treatment.
- During Fiscal Year 1975 the Federal Government will support approximately 95,000 treatment slots.
- NIDA and Special Action Office projects in the area of drug abuse rehabilitation will include: continuing the "Jobs for Ex-Drug Abusers" program; conducting client follow-up studies; planning joint manpower projects with the Department of Labor, the Social and Rehabilitation Service, and the Civil Service Commission; providing technical assistance to the States in the area of licensing; and preparing a national media campaign aimed at reducing job discrimination against ex-drug abusers.
- Increased emphasis will be placed on upgrading the quality of drug treatment and rehabilitation programs through the funding of Central Intake Units, the formulation of improved standards and operating guidelines, the provision of increased technical assistance to States and communities, and the implementation of effective data collection systems.

D. EDUCATION AND INFORMATION

Education

Since public education is primarily a State and local responsibility, the Federal Government's role in school-based drug abuse prevention efforts should be limited. Federal efforts in this area have focused on:

- conducting demonstration projects to test promising approaches to drug abuse education;
- evaluating selected drug education programs operating on the Federal, State, and local levels; and
- disseminating information on new program techniques throughout the education community.

The necessity for more direct Federal involvement in this field became obvious in the early 1970's.

In the period when the heroin crisis posed its greatest threat to American society and in particular to its youth population, the potential of drug abuse education as an antidote for this problem remained largely undeveloped. The Administration's first initiative in

this field, therefore, was to coordinate a comprehensive evaluation of Federal, State, and local drug abuse education and information efforts.

Results indicated that drug education efforts within our schools were not contributing significantly to the reduction of drug abuse. In the great majority of instances, these programs were based on the principle of fear as deterrence. Many programs assumed that deterrence could be effected by providing information about the negative consequences of drug abuse, whether medical, legal, or moral. Too often such curricula failed to induce measurable positive attitudinal or behavioral change.

Most importantly, it has become evident that serious misuse of drugs is not randomly scattered throughout the student population, but is generally concentrated among individuals who demonstrate a broad range of deviant social behavior. Data recently gathered from programs now operating in California, Michigan, and New York illustrate that certain types of early intervention programs are able to influence attitudinal and behavioral change among groups believed to be highly vulnerable to drug misuse. For this reason, State and local education agencies can now establish realistic educational objectives and priorities. The Federal demonstration effort allows local school systems to observe model programs and determine their relevance to local needs.

The main Federal effort in the field of drug abuse education will be the demonstration of a school-based early intervention program which will concentrate on junior high and high school populations. This demonstration model will focus professional counseling and group discussion in daily sessions on pre-selected student volunteers determined to be prone to drug abuse. Directly related to this new emphasis on school-based intervention is the HEW Office of Education pre-service and in-service teacher training program. This effort provides a means for institutions involved in teacher education to enhance the competence of teachers and other school personnel in the drug prevention area. A variety of approaches will be developed and evaluated to determine the most effective way of training educational personnel to respond to drug misuse among students.

It is important to stress that placing a new Federal emphasis on secondary-level early intervention programs does not imply a reduction of effort in the primary grades. On the contrary, Federal efforts will continue to support promising and innovative programs. In addition, research will be initiated to determine the types of primary-level curricula most likely to deter future involvement with drugs.

Information

On the basis of its own surveys, the Special Action Office noted serious deficiencies in the tone and content of drug information being

FY 1975 DRUG ABUSE PREVENTION DISCRETIONARY AGENCY BUDGET

– TREATMENT/REHABILITATION CROSSCUT –

(Dollars in millions)

AGENCY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
SAODAP	25.0	21.7	0.4	23.5	23.5	32.4	8.9	8.9	19.1
HEW									
NIDA*	165.1	129.6	73.4	175.8	207.6	123.6	157.0	157.0	147.5
OE	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
SRS**	1.0	1.0	0.9	0.7	0.7	0.7	0.4	0.4	0.4
OEO***	(16.0)	(16.0)	(10.5)	-0-	-0-	-0-	-0-	-0-	-0-
VA	23.0	23.0	23.0	23.8	23.8	23.8	24.4	24.4	24.4
JUSTICE									
BOP	3.1	3.1	3.1	4.2	4.2	4.2	7.5	7.5	7.5
LEAA**	0.2	0.2	0.2	-0-	-0-	-0-	-0-	-0-	-0-
DEA	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-	-0-
DOD	48.9	48.9	46.0	46.7	46.7	42.0	43.1	43.1	42.0
TOTAL	266.3	227.5	147.0	274.7	306.5	226.7	241.3	241.3	240.9

*Includes Section 409 formula grant funding.
**Discretionary funds.
***Included in totals for NIDA.

produced on Federal, State, and local levels. Materials proved to be overly simplified and inaccurate. At times youth-oriented information appeared to have the counterproductive effect of encouraging drug experimentation.

For this reason, the Administration announced on April 1, 1973, a six-month drug information moratorium, during which an intensive evaluation of drug information materials was conducted and new media standards and guidelines were developed for all federally supported prevention activities.

Messages found to be ineffective, and perhaps counterproductive as well, included those based solely on fear of punishment as a deterrent to drug abuse. Messages contending that the use of a specific drug always or never causes a particular physical or psychological condition, or that any one treatment modality is "the answer" to the drug abuse problem were also found to be inadequate.

Due to these findings, all federally supported information materials on drug abuse prevention are now being removed from circulation or updated. New materials will be required to follow improved procedural and content guidelines recently formulated by the Special Action Office.

The basic concept underlying the new media message is that social groups—the family in particular—represent potent resources for preventing drug abuse. The content guidelines for drug abuse prevention information, therefore, stress youth-adult communication, deferred gratification, and healthy lifestyles and productive career aspirations with which youth may identify.

The **Strategy 1974** Action Plan and Budgetary Projection for drug abuse education and information are as follows:

- The Special Action Office, NIDA, and the U.S. Office of Education (OE) will coordinate a nationwide school-based intervention program. Educational teams will be trained in techniques of school-based early intervention during 1974 and 1975. These team members will form the nucleus of a national manpower pool and serve as models for similar training efforts sponsored by State and local governments. Techniques for training will be based upon the results of pilot projects being conducted during Fiscal Year 1974 to determine the most effective approaches to early intervention in school-based community programs.
- OE will develop models for pre-service and in-service teacher training and will continue to facilitate joint community-school prevention efforts.
- The moratorium on release of media material has been lifted. Federally funded drug abuse prevention materials will be pretested and will conform to the new content guidelines.

FY 1975 DRUG ABUSE PREVENTION DISCRETIONARY AGENCY BUDGET

– EDUCATION/INFORMATION CROSSCUT –

(Dollars in millions)

AGENCY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
SAODAP	-0-	-0-	-0-	1.0	1.0	0.5	1.0	1.0	1.0
HEW									
NIDA	6.2	5.1	5.6	6.6	6.6	6.7	6.6	6.6	6.9
OE	8.2	8.2	8.3	2.4	2.4	4.5	-0-	-0-	7.6
JUSTICE									
DEA	1.1	0.8	0.8	1.1	1.1	1.1	1.1	1.1	1.1
DOD	11.5	11.5	11.5	8.9	8.9	8.4	7.8	7.8	7.3
TOTAL	27.0	25.6	26.2	20.0	20.0	21.2	16.5	16.5	23.9

E. TRAINING

The Federal drug abuse prevention training effort is presently being coordinated by the Special Action Office and NIDA. The purpose of this program is to develop qualified service delivery and administrative manpower in the drug abuse field. In further support of this aim, NIDA and the Special Action Office will conduct a comprehensive analysis of personnel needs aimed at adapting the current Federal manpower capability to problem trends and changing policy emphases in the areas of prevention and treatment.

The Administration's Fiscal Year 1975 training strategy is based on three objectives:

(1) To assure the availability of qualified personnel to staff Federal treatment and prevention programs, as well as State-level program planning, coordination, and implementation;
(2) To train members of the medical and social service professions in drug treatment and rehabilitation techniques;
(3) To train personnel of privately funded programs aimed at serving hard-to-reach, high-risk populations.

NIDA grant and contract training programs have been designed to achieve these three objectives.

Staffing Government-Funded Treatment and Prevention Programs

Regional Training Centers are currently in operation to staff NIDA, VA, and DOD drug treatment and rehabilitation programs as well as locally funded centers. Training curricula cover such topics as pharmacology, specialized health care problems, alternative approaches to opiate and nonopiate abuse, individual and group treatment techniques and program management. Specialized curricula pertaining to Single State Agency functions also include techniques for problem identification, program planning, and fiscal management.

Secondly, the National Training Center administered by NIDA will continue to serve as a model for developing, validating, and testing those training techniques and methodologies which have potential for application in drug abuse treatment, rehabilitation, and prevention programs. In pursuit of this goal the Center trains Federal, State, and local government officials and health professionals engaged in community drug prevention programs.

Training Health Professionals

NIDA programs support physicians, psychologists, social workers, nurses, and counselors working in the drug abuse treatment and prevention field.

Reaching High-Risk Groups

NIDA is presently assisting the National Council of Free Clinics to sponsor drug abuse training seminars and formal courses to the staff members of 59 free clinics throughout the nation. These clinics have been successful in attracting and helping a large segment of the drug-abusing population which has avoided more conventional treatment settings.

Action Plan and Budgetary Projection

The **Strategy 1974** Action Plan and Budgetary Projection for drug abuse training are as follows:

- NIDA will continue to develop and implement the major portion of the Federal drug abuse training program.
- The Special Action Office and NIDA will continue to analyze and publish research data on the skills and personnel needed to support the drug abuse prevention and treatment system.
- The National Drug Abuse Training Center will continue to produce curriculum material and to make this material available to the Regional Training Centers and the Office of Education training centers.
- Office of Education Regional Training Centers will conduct pre-service and in-service training for school-based early intervention programs on a demonstration basis.
- Federal training centers will focus on treatment and rehabilitation, single State agency planning and administration, job development and placement, early intervention, and outreach.

F. RESEARCH

Federal Research Priorities

Basic and clinical research in support of Federal drug abuse prevention programs is funded by the Special Action Office, NIDA, the Department of Defense, and the Veterans Administration, although the preponderance of support for biomedical, psycho/social and epidemiological research projects emanates from NIDA. The Special Action Office and NIDA are presently coordinating a comprehensive research plan designed to identify and measure changes in the dimensions and nature of the national drug abuse problem, to prevent duplication and to fill gaps in our knowledge about drug abuse prevention. The five major priorities of this drug prevention research strategy are:

(1) Developing new pharmacological therapies, including narcotic antagonists and long-acting therapeutic drugs, and integrating them into an optional treatment program;

(2) Gaging the abuse potential of new drugs and tracking new patterns of abuse;
(3) Continuing research into the long-term effects of marihuana use;
(4) Further advancing current epidemiological knowledge of drug abuse;
(5) Elucidating sociocultural, family, and personality variables related to potential drug abuse.

Research Project Initiatives

Improved Treatment Techniques

The use of narcotic antagonists to treat opiate addiction continues to show promise. Present emphasis is on the rapid development and evaluation of promising new compounds in order to shorten the time between initial drug development and large-scale clinical evaluation and use.

While the development of improved chemotherapeutic approaches remains the top Federal drug research priority, NIDA and the Special Action Office are sponsoring the development of new biochemical treatment techniques for nonopiate and multiple drug abuse. A nonchemical therapeutic approach of considerable promise is the

FY 1975 DRUG ABUSE PREVENTION DISCRETIONARY AGENCY BUDGET

– TRAINING CROSSCUT –

(Dollars in millions)

AGENCY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
HEW									
NIDA	12.5	9.5	7.3	15.1	15.1	12.0	10.0	10.0	10.8
OE	3.0	2.9	2.1	3.0	3.0	3.5	-0-	-0-	0.4
SRS	*	*	0.5	*	*	0.2	*	*	0.1
VA	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
JUSTICE									
LEAA**	-0-	-0-	-0-	1.0	1.0	0.7	1.0	1.0	0.9
DOD	2.8	2.8	2.6	3.1	3.1	2.9	3.0	3.0	2.9
TOTAL	18.7	15.6	12.9	22.6	22.6	19.7	14.4	14.4	15.5

*Less than $100,000.
**Discretionary Funds

experimental modification of drug-abusing behavior. Behavior modification techniques, which have yielded some success in the treatment of psychiatric patients and alcoholics, are now being extended on an experimental basis to heroin addicts and other drug abusers. On the basis of favorable preliminary results, these innovative projects will be expanded during fiscal years 1974 and 1975.

Improved methodologies for detecting drugs of abuse in body fluids and tissues is also a high-priority objective. The development of an automated methodology for routine analysis and of highly quantitative methods for research application are two important examples.

New Drugs and New Patterns of Abuses

Increased emphasis will now be placed on measuring the actual extent of such problems as multiple drug abuse to determine the need for further research. This will include drug-interaction studies.

As part of the continuing research effort on the effects of nonopiate drugs, emphasis will be placed on certain previously underresearched psychoactive substances. For example, cocaine has been the subject of relatively little research, although there is some evidence that abuse of this drug is increasing. This drug's metabolism, toxicity, neurophysiological effects, influence on behavior and interactive effects with other drugs all merit study. Another example is methaqualone, particularly in the context of use in combination with other dangerous substances.

Ongoing Marihuana Research

The marihuana research program has provided a crucial source of information concerning the public health implications of the increasingly widespread use of this drug. The first three annual *Marihuana and Health* reports have successfully summarized the state of our knowledge and have served as a data base for deliberations on public policy.

With the development of an increasingly complete picture of the acute effects of cannabis, the emphasis is now shifting to more detailed examination of the implications of long-term, chronic use and to possible interactive effects of marihuana in combination with other licit and illicit substances.

Since widespread cannabis use has a relatively short history in the United States, studies of chronic use must be done in countries where long-term use is traditional. During Fiscal Year 1975, such studies will be extended due to the availability of larger research samples. Research on the implications of chronic marihuana use will also be conducted in this country as groups of long-time users are identified.

Marihuana use continues to diffuse in both younger and older populations, and the drug is increasingly used with other commonly

available drugs. For these reasons, drug interaction studies are necessary. For the present, primary emphasis is being placed on those interactions most likely, on clinical or theoretical grounds, to involve adverse consequences, particularly if actual patterns of combined use have been noted.

Advanced Epidemiological Research

Rational program planning for drug abuse prevention requires reliable information on the extent and patterns of drug abuse in the American population. Recent nationwide surveys into the incidence and prevalence of drug abuse among the population in general and among such groups as high school and college students in particular have been of invaluable use in determining shifting trends of drug abuse.

An additional important epidemiological effort is now being undertaken to determine the extent and consequences of drug abuse in industry. Despite the obvious relationship between drug use and industrial safety and productivity, there have been virtually no systematic attempts to evaluate the implications of drug abuse in the industrial context.

Finally, efforts are underway to determine nonpsychiatric consequences of drug abuse. Particular emphasis will be placed on evaluating drug-related deaths as an indicator both of mortality associated with drug use and of the extent of drug involvement.

Links Between Socio/Psychological Variables and Drug Abuse Risk

An ability to predict what kinds of individuals would be likely to succeed or fail in treatment programs would greatly facilitate the development of effective drug abuse prevention strategies. Consequently, experimental prediction scales are now being developed by NIDA for use in the prevention of drug abuse and in tailoring therapeutic intervention to prevalent patterns of use. These scales will necessarily be based on the identification and analysis of psycho-social factors which may contribute to preventing or encouraging drug abuse in groups known to have disproportionately high potential for serious drug abuse involvement.

The **Strategy 1974** Action Plan and Budgetary Projection in the drug abuse research area are as follows:

- The NIDA research programs discussed above will be implemented as will those research efforts unique to the Department of Defense, the Veterans Administration, and the Social and Rehabilitation Service and the Drug Enforcement Administration.

The Special Action Office will establish up to three new clinical research centers which will integrate more closely the activities of basic research and applied research. The existing centers will continue to develop ways of facilitating the clinical application of basic research findings.

The Lexington Clinical Research Center has been closed and its facilities have been transferred to the Bureau of Prisons, primarily for use in the rehabilitation of drug-dependent inmates. The Addiction Research Center, also located at Lexington, Kentucky, will continue its operations and will be funded by NIDA.

NIDA will continue its research into the long-term effects of cannabis use.

The Special Action Office will fund additional clinical studies and tests in the following areas:

1. Development of barbiturate antagonists.
2. Development of synthetic substitutes for narcotic analgesics.
3. Final studies to refine naltrexone.
4. Clinical tests in humans for safety and efficacy of the narcotic antagonists.
5. Clinical studies of long-acting narcotic substitutes other than L-alpha-acetylmethadol.
6. Chronic toxicity study of new agents and their preclinical effects.

The Special Action Office in conjunction with NIDA will purchase and make available an adequate supply of antagonists, narcotic substitutes, and detoxification agents for use in research studies.

G. EVALUATION

Just as progress is being made on the program level in the prevention and control of drug abuse, the mechanisms for evaluating these programmatic efforts are improving. The Special Action Office conducts and funds evaluation projects, coordinates evaluations conducted by other departments and agencies, establishes evaluation priorities for the entire Federal drug abuse prevention system, and assures the referral of findings to the appropriate agencies. Ongoing activities are analyzed to determine program progress, to define program needs which must be met to achieve program goals, and to assess the actual effect of programs on their intended beneficiaries and on the drug problem in general.

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Federal drug abuse evaluation studies focus on three categories. The first category is *client outcome*. The impact of programs on client behavior is measured in terms of social adjustment, criminal activity, drug usage patterns, and health and emotional stability.

The second evaluation category, labeled *delivery systems*, covers the mechanics of program delivery. Staff skills, costs, adequacy of facilities, and program structure are studied in order to assess program efficiency. This information can be linked with program effectiveness data (e.g., client outcomes) to provide cost-benefit analysis of programs. In addition, optimal delivery systems can be developed for all types of programs, including treatment clinics, prevention programs, and manpower training projects.

The third category, *community structure*, pertains to the relationship between drug abuse prevention or treatment programs and the total community. The degree to which drug programs utilize available community services such as welfare, job training, and other health care systems is being assessed as part of this effort. The goal of community-related analysis is to determine the extent to which the total community infrastructure is encouraging or hampering drug abuse prevention and treatment efforts.

The Federal evaluation strategy reflects the need both for immediate information and for long-range studies of client outcome and program impact. Several short-term evaluation studies of Federal drug treatment and education efforts have been completed under Special Action Office sponsorship. Additional, more comprehensive studies are currently underway, and others are scheduled to begin shortly.

Major accomplishments in the evaluation area over the past year have included:

- Completion of a pilot evaluation study of client outcomes and program operations for ten community-based treatment programs;
- Initiation of follow-up studies of clients treated by the Department of Defense and Veterans Administration programs; Analysis of programs funded under the Narcotic Addict Rehabilitation Act (NARA), including an assessment of the delivery system for Titles I and III; a literature survey of the effectiveness of similar programs operating in New York and California; reinterviews of former NARA I/III clients first interviewed a year ago to assess the stability of outcomes; and initiation of a follow-up study of NARA II clients treated by the Bureau of Prisons;
- Development and wide distribution of a methodology for conducting "quick" evaluation of treatment programs; and
- Completion of several pilot evaluation studies of education, prevention, and training programs funded by the Federal Government.

FY 1975 DRUG ABUSE PREVENTION DISCRETIONARY AGENCY BUDGET

– RESEARCH CROSSCUT –

(Dollars in millions)

AGENCY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
SAODAP	20.0	12.0	0.1	20.0	20.0	14.2	4.0	4.0	11.8
HEW									
NIDA	33.1	29.2	25.8	37.0	34.1	31.9	34.0	34.0	29.3
SRS	0.3	0.3	0.7	0.2	0.2	0.3	0.3	0.3	0.3
OEO	(4.5)*	(4.5)*	(4.0)*	-0-	-0-	-0-	-0-	-0-	-0-
VA	2.0	2.0	2.0	1.0	1.0	1.0	1.0	1.0	1.0
JUSTICE									
LEAA**	0.2	0.2	-0-	0.1	0.1	0.1	0.2	0.2	0.2
DEA	1.5	1.5	0.8	1.5	1.5	0.8	1.5	1.5	0.8
DOD	7.2	7.2	4.0	5.5	5.5	2.7	5.2	5.2	2.7
TOTAL	64.3	52.4	33.4	65.3	62.4	51.0	46.2	46.2	46.1

*Included in totals for NIDA.
**Discretionary Funds.

Treatment and Rehabilitation

The first Federal priority for the remainder of Fiscal Year 1974 and for Fiscal Year 1975 in the drug abuse evaluation field will be to analyze the various types of programs offering treatment and rehabilitation services to drug abusers. The Special Action Office is currently sponsoring client follow-up studies in some cities. These studies will test the effectiveness of differing opiate-treatment modalities–with an emphasis on methadone treatment–through interviews with former patients and through analysis of specific behavioral outcome data.

Specific evaluations of mandatory treatment are now underway. Examples are civil commitment programs and the treatment/rehabilitation programs conducted by the Bureau of Prisons. A major client follow-up study of the Federal civil commitment program has been conducted to determine its effectiveness, and a project involving the reinterviewing of a sample of participants in the original survey is now in progress in order to test the stability of outcomes over the past year. The Treatment Alternatives to Street Crime Program (TASC), to be discussed in detail in Chapter IV, is also the subject of ongoing Special Action Office evaluation.

Education/Early Intervention

Compared to the instruments employed in treatment evaluation, those used in the field of drug education and early intervention have been relatively unsophisticated. However, several studies now in progress are designed to test current education/prevention efforts now being funded. Since school-based early intervention projects have impressed observers, these efforts are being scrutinized through the use of "rapid evaluation" techniques.

Action Plan and Budgetary Projection

An evaluation of selected components of the Office of Education's "Help Communities Help Themselves" program, which provides training for drug abuse prevention teams from a variety of local communities, found that training centers were effective in motivating trainees and building teams. Comparison with a control group of teams which had not received training indicated that most of the trained teams worked together to some degree after training, while most of the untrained teams failed to function at all.

A preliminary evaluation of the SPARK (School Prevention of Addiction through Rehabilitation and Knowledge) program in the New York City public school system has also produced encouraging results. This $3.6 million program, administered by the New York City Board of Education, has led to significant changes in behavior for students in the program as compared to a control group. The four criteria used were number of referrals for drug-related activity, number of school absences, average grade levels, and average number of misbehavior events.

The **Strategy 1974** Action Plan and Budgetary Projection for drug abuse program evaluation are as follows:

- Client outcome studies are planned for selected cities;
- Existing evaluation mechanisms will be reviewed for the purpose of improving management and program operation techniques;
- Evaluations will be conducted in new or expanded program areas such as outreach programs and school-based early intervention efforts.
- The impact of funding Single State Agencies rather than individual projects will be evaluated by comparing such factors as number of individuals treated, quality of treatment and cost.

FY 1975 DRUG ABUSE PREVENTION DISCRETIONARY AGENCY BUDGET

– EVALUATION CROSSCUT –

(Dollars in millions)

AGENCY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
SAODAP	-0-	-0-	-0-	1.5	1.5	0.8	1.1	1.1	1.2
HEW					***	***			
NIDA	2.5	2.5	2.0	-0-	(0.4)	(0.3)	-0-	-0-	-0-
OE	0.4	0.4	-0-	0.3	0.3	-0-	-0-	-0-	-0-
OEO	(2.5)*	(2.5)*	(2.0)*	-0-	-0-	-0-	-0-	-0-	-0-
VA	**	**	**	**	**	**	0.5	0.5	0.5
JUSTICE									
BOP	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
LEAA****	0.2	0.2	-0-	0.2	0.2	0.2	0.2	0.2	0.2
DOD	1.2	1.2	1.2	1.3	1.3	1.3	0.6	0.6	0.6
TOTAL	4.4	4.4	3.3	3.4	3.4	2.4	2.5	2.5	2.6

*Included in totals for NIDA.
**Included in Research.
***Included in Treatment Rehabilitation.
****Discretionary Funds.

H. DRUG ABUSE PREVENTION EFFORTS–DEPARTMENT OF DEFENSE, VETERANS ADMINISTRATION, AND BUREAU OF PRISONS

While the National Institute on Drug Abuse is the main source of drug abuse treatment and prevention services on the Federal level, complementary treatment systems for specialized populations are being administered by the Department of Defense, the Veterans Administration, and the Bureau of Prisons.

Department of Defense

Drug abuse in the armed services, which was considered critical only two years ago, has largely been brought under control. By establishing early identification, treatment and education programs, the Defense Department has effectively curbed the widespread use of heroin–a phenomenon which reached its peak among United States servicemen stationed in Southeast Asia during early 1971. DOD has now developed a comprehensive alcohol and drug abuse prevention system both at home and abroad.

The role of the Defense Department in the coming year will be to continue reducing the incidence rate of drug abuse among members of the armed forces. In order to accomplish this goal, DOD will:

1) Improve and refine procedures and techniques to assure the early identification of drug abusers;
2) Improve drug treatment, rehabilitation, and education efforts;
3) Provide assistance to dependents of military personnel, specifically adolescents with drug abuse problems.

Following is a summary of DOD's programs in the areas of drug and alcohol abuse identification, treatment, rehabilitation, and education.

Identification

The effectiveness of all efforts to reduce and control drug abuse in the armed forces hinges upon the success of efforts to identify those service members who are abusing drugs. The DOD exemption policy, which enables voluntary self-referral to treatment programs, has been an effective means of drug abuse identification. Through Fiscal Year 1973, more than 69,000 service members involved in drug abuse had volunteered to receive treatment and rehabilitation with exemption from disciplinary proceedings for personal use or possession for personal use. If a serviceman is discharged as a result of his drug use, he is discharged under honorable conditions. This exemption policy is operational in all branches of the armed forces and will be continued in the future.

The DOD urinalysis screening program has also proved to be an effective method of identifying drug abusers. This urinalysis program tests for the presence of opiates, amphetamines, and barbiturates. As a result of this project, it has been learned that abuse of these three substances in the military fell from a level of about 1 percent to 0.4 percent between 1972 and late 1973.

New technologies such as radioimmunoassay (RIA) offer hope of greatly improved and less expensive testing procedures. Field testing for other drugs not detectable previously, such as LSD and methaqualone, is now in progress. Also, methods of identification other than urinalysis are being considered for possible use.

Treatment

During 1974 the Defense Department will continue its policy of offering treatment and rehabilitation to those service members who

abuse drugs and alcohol. Service personnel who require long-term treatment or who are approaching separation at the end of their term of service will continue to be referred to the Veterans Administration for care.

Each military service will continue to offer the type of treatment approach which it feels best suits the needs of its members. These approaches range from the highly centralized Navy and Air Force treatment centers which are supported by networks of counseling and assistance centers at local duty stations to the totally decentralized Army program which utilizes many treatment/rehabilitation centers around the world.

During Fiscal Year 1974 and Fiscal Year 1975 the Department of Defense will continue efforts to treat the multiple drug abuser. Many service installation programs treat drug and alcohol abusers together, and all service programs offer treatment for the entire range of currently identified drug abuse patterns.

In the course of building an effective drug abuse treatment capability within the Armed Forces, the Department of Defense discovered that a serious drug problem existed among adolescent dependents of servicemen stationed in certain high-risk areas overseas. Pilot programs for the treatment and rehabilitation of youthful drug abusers have therefore been initiated. With the assistance of the Special Action Office, youth treatment centers have been established in Bangkok, Thailand, and Frankfurt, Germany. This type of project may be expanded to meet demonstrated demands at major American military communities overseas in Fiscal Year 1975 by the Department of Defense.

Education

In 1974, drug abuse education will focus on providing factual, credible, and better organized materials to servicemen, command groups, families, and military communities. In addition to using literature and broadcast media, DOD has initiated a number of drug abuse education counseling programs. Drug Education Field Teams, for example, combine specially trained military drug abuse education counselors with carefully selected and trained civilian ex-addict counselors. A second team concept, called the Teen Involvement Program, uses high school juniors and seniors to serve as drug education specialists in classrooms of the 4th- through 6th-grade levels.

Drug education courses will also be offered in officer candidate schools, non-commissioned officer academies, reserve officer training units, service academies, and senior service schools to increase awareness of drug and alcohol problems among military leadership personnel.

Research and Evaluation

The DOD research program will be aimed at the prevention of drug abuse through improved educational methods, development of effective and inexpensive techniques to detect drug abuse through physiological or biochemical testing, and evaluation of various modalities for treatment and rehabilitation.

DOD has also undertaken a comprehensive evaluation of all drug abuse control programs and administrative efforts. This evaluation is expected to provide information upon which to base program revisions or the implementation of new policies and procedures. Analytical data should provide an improved basis for determining budgets, allocation of resources, and assignment of responsibilities.

The **Strategy 1974** Action Plan and Budgetary Projection for the Department of Defense drug abuse prevention effort are as follows:

- DOD will develop an improved treatment capability for nonopiate abuse, and will continue to provide treatment and rehabilitation for active-duty drug abusers who have potential for further service.
- DOD will continue to train professional and paraprofessional drug abuse treatment personnel. The Department will also expend its efforts to provide drug abuse education programs for all levels of military personnel.
- DOD will continue its drug abuse research and evaluation program.

DEPARTMENT OF DEFENSE

– DRUG ABUSE PROGRAM FUNDING –

– BY PROGRAM CATEGORY –

(Dollars in millions)

PROGRAM CATEGORY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
TREATMENT REHABILITATION	48.9	48.9	46.0	46.7	46.7	42.0	43.1	43.1	42.0
EDUCATION INFORMATION	11.5	11.5	11.5	8.9	8.9	8.4	7.8	7.8	7.3
TRAINING	2.8	2.8	2.6	3.1	3.1	2.9	3.0	3.0	2.9
RESEARCH	7.2	7.2	4.0	5.5	5.5	2.7	5.2	5.2	2.7
EVALUATION	1.2	1.2	1.2	1.3	1.3	1.3	0.6	0.6	0.6
PLANNING DIRECTION MGT SUPPORT	3.0	3.0	2.8	8.1	8.1	7.6	10.7	10.7	10.0
TOTAL	74.6	74.6	68.1	73.6	73.6	64.9	70.4	70.4	65.5

Veterans Administration

As early as 1968, data on the number of veterans discharged from Veterans Administration hospitals with diagnoses of drug dependence were being collected by the VA Automated Medical Information System. Patients treated climbed from less than 500 in Fiscal Year 1968 to over 22,000 in Fiscal Year 1972.

Five VA Drug Dependence Treatment Centers were put into operation during Fiscal Year 1971. By the end of Fiscal Year 1973, an additional 39 units had been established. In addition, a nationwide network of VA hospitals is presently offering care to veterans with drug-dependence problems. In order to make services easily accessible to veterans who do not live close to the centers, the VA has established satellite clinics in cities where a need has been demonstrated.

The role of the Veterans Administration in drug abuse prevention has been to reduce active drug abuse by eligible veterans through treatment and rehabilitation. (Illustration of where VA facilities are located appears on page 49.)

The following objectives further define the VA's role in this area:

1. To assure the existence of an adequate and competent treatment and rehabilitation capability for servicemen referred to the VA for treatment prior to release for service and for drug-abusing veterans.
2. To assure the existence of effective procedures for the referral of veteran abusers to an appropriate treatment modality.
3. To provide up to 60 days emergency care to nonveterans if requested by other Federal agencies.
4. To assure that all veterans benefits are provided to eligible drug-dependent patients.

Treatment

The in-patient component of each Drug Dependence Treatment Center provides detoxification and medical treatment for eligible veterans as well as facilities for chemotherapeutic and drug-free treatment.

The VA is establishing larger treatment facilities in major metropolitan areas. Several of the smaller units will continue to serve regional needs, but other presently active facilities will be phased out where there is not sufficient need for VA programs in light of the available treatment capability in these localities. In addition, the VA will refer patients to community drug treatment facilities in order to make adequate treatment available for veterans nearer their homes. Accordingly, all VA drug abuse treatment centers are now coordinating their efforts with local programs and with the Single State Agencies.

Through its Performance Measurement System, the VA is monitoring its client treatment activity. The rate of increase of admissions to treatment has leveled off and approximately 17,500 admissions are expected for Fiscal Year 1974. Fourteen thousand of these admissions will be to Drug Dependence Treatment Centers.

The percentage of total admissions attributable to opiate dependence has declined, and a continued increase in patients with alcohol and multiple drug problems is anticipated. In response to these trends, the VA has designated certain centers as therapeutic communities to provide longer term residential care, to be drug-free in most cases. Two additional facilities will be opened in Fiscal Year 1974. The VA is instituting a major study, based on pilot programs in selected VA hospitals, to analyze ways of treating alcohol and drug abusers in the same setting.

Rehabilitation

The contribution of the Department of Veterans Benefits to the VA program of drug abuser treatment emphasizes environmental factors in rehabilitation by maintaining or reestablishing the veteran's links with the resources of his community. The Department maintains close liaison with community services agencies and provides outreach and follow-up, special VA benefits, counseling and assistance in rehabilitation, and also provides assistance to eligible veterans participating in non-VA drug treatment programs.

Training

As VA priorities have gradually shifted from the rapid expansion of drug treatment facilities to an ongoing in-service training strategy, there has been less reliance on off-site training and more emphasis on the use of functioning VA centers as training facilities. Training funds will now be used primarily for intra-VA activities such as short-term placement of new employees in established Drug Dependence Treatment Centers for orientation and training; assignment of senior, experienced staff as visiting trainers; and sponsorship of national and regional workshops and seminars.

Evaluation

Evaluation of drug treatment programs is an integral part of the treatment process and a requirement for all VA Drug Dependence Treatment Centers. Currently, an aggressive client follow-up effort is underway in order to collect the data needed for evaluation. A

LOCATION OF VETERANS ADMINISTRATION TREATMENT FACILITIES

preliminary report will be available in late 1974. Client follow-up studies are being given the highest priority as a basis for future planning and utilization of VA facilities.

The **Strategy 1974** Action Plan and Budgetary Projection for the Veterans Administration Drug Abuse Prevention effort are as follows:

- The VA will continue its provision of treatment for drug abuse to those individuals who qualify for veterans benefits and request such treatment. In addition, families of hospitalized veterans will receive such mental health services and counseling as are necessary and appropriate to the effective treatment and rehabilitation of the veteran.
- VA drug abuse treatment services will be expanded only in those areas where the existing community capacity is incapable of accommodating the demand for services.
- The VA will enter into cooperative service agreements with other Federal agencies in those regions where the demand for services exceeds community agency capacity.
- Wherever possible, the VA will refer patients to community drug treatment facilities nearer their homes rather than continuing treatment in a more distant VA facility.

- The VA will explore the feasibility of establishing halfway houses for drug-abusing veterans in communities where such facilities do not exist or are inadequate.
- The VA will continue to concentrate its drug-dependence treatment programs in areas of major veteran population and drug abuse problem concentration, and will phase out underutilized programs. Funds will be reallocated from underutilized Drug Dependence Treatment Centers to those centers which have been overutilized, or to other innovative models.
- The VA will continue to augment its aggressive outreach and follow-up program with linkages to community treatment projects. All of the Drug Dependence Treatment Centers and satellites of the VA are engaged in active, direct outreach. VA staff personnel, together with Department of Veterans' Benefits counselors, will continue to link their outreach efforts with similar programs currently operated by the States and localities.
- The VA will continue to cooperate with the Department of Defense in providing uninterrupted treatment to active-duty military drug abusers who are transferred to the VA prior to separation from the service.
- Since the Drug Dependence Treatment Program is an ongoing treatment system with an established staff capability, the VA will continue to rely upon its internal training resources while utilizing non-VA training centers to augment training efforts as needed.

VETERANS ADMINISTRATION

– DRUG ABUSE PROGRAM FUNDING –

– BY PROGRAM CATEGORY –

(Dollars in millions)

PROGRAM CATEGORY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
TREATMENT/REHABILITATION	23.0	23.0	23.0	23.8	23.8	23.8	24.4	24.4	24.4
TRAINING	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4
RESEARCH	2.0	2.0	2.0	1.0	1.0	1.0	1.0	1.0	1.0
EVALUATION	*	*	*	*	*	*	0.5	0.5	0.5
PLANNING/DIRECTION/ MGT/SUPPORT	0.2	0.2	0.2	0.3	0.3	0.3	0.2	0.2	0.2
TOTAL	25.6	25.6	25.6	25.5	25.5	25.5	26.5	26.5	26.5

*Included in Research

Bureau of Prisons

Development of a Drug Treatment Capability

As the incidence of drug abuse has risen over the past decade, corrections officials in Federal, State, and local prisons have had to assume substantial drug treatment and rehabilitation responsibilities. The Federal Bureau of Prisons estimates that of its 23,000 total offender population, some 6,000 individuals have a history of drug abuse. For 70 percent of this drug-abusing population, narcotics (as opposed to alcohol) are the primary drugs of choice. Historically, specialized drug abuse treatment was not available in correctional institutions, mainly because of a lack of treatment resources. Various "self-help" inmate organizations such as Alcoholics Anonymous were and still are active in various institutions, usually with staff support and supervision and often with the assistance of volunteers from local communities.

The first specialized institutional program of drug abuse treatment was established in March, 1968 in the Federal Correctional Institution at Danbury, Connecticut. This program was initiated to begin implementation of Title II of the Narcotic Addict Rehabilitation Act (NARA) of 1966. There is now a NARA treatment unit in each of five Bureau correctional facilities. These facilities are capable of testing and treating a total of 450 male and 150 female offenders. The duration of treatment in these programs ranges from 12 to 18 months.

In July, 1971 the Bureau of Prisons began to establish "Drug Abuse Program" (DAP) treatment units for a wider variety of drug-dependent offenders, including those with histories of significant abuse of nonopiate drugs such as marihuana, amphetamines, barbiturates, and hallucinogens. At the present time there are 15 drug abuse units in 14 institutions with the capacity to test and treat 1,050 male and 150 female drug-dependent offenders. Current plans project a significant increase in capacity during Fiscal Year 1974.

These specialized in-care programs vary widely in the types of treatment techniques applied to reduce drug dependence and related problems. Generally, the program utilizes the therapeutic community approach, together with a variety of other drug abuse treatment methods. Professional staff and inmates collaborate in the formulation of appropriate treatment plans. Educational, vocational, and recreational programming is also available as part of the overall rehabilitation effort.

The Bureau of Prisons also contracts with direct service agencies (e.g., drug abuse programs, family service agencies, and mental health clinics) in the releasee's home community for such services as individual

and group counseling, psychotherapy, maintenance, and urinalysis. The number of offenders receiving such services increased dramatically with passage of Public Law 92-293 in May, 1972. This law authorized the provision of community care services to a wider range of drug abusers, including Federal probationers.

The **Strategy 1974** Action Plan and Budgetary Projection for the Bureau of Prisons (BOP) drug abuse prevention effort are as follows:

- BOP will be funded to provide detoxification, treatment, and rehabilitation services for an increased number of drug-dependent inmates.
- The NARA II system will be phased out and all drug-dependent prisons in Federal institutions will be transferred to the BOP Drug Abuse Programs.
- BOP will place increased emphasis on evaluation of treatment program effectiveness and will assess the relative success of different treatment modalities within the corrections setting.
- BOP will utilize treatment and rehabilitation standards consistent with criteria established by the Special Action Office and NIDA for purposes of Federal funding. These standards will also apply to the Law Enforcement Assistance Administration for use in implementing assistance to State and local correctional institutions under provisions of its new legislation.
- BOP drug abuse aftercare programs will continue existing vocational training and job placement.

I. INTERNATIONAL ASPECTS OF DRUG ABUSE PREVENTION AND TREATMENT

The Need for Cooperation

The emphasis in recent years on restricting the international supply of illicit narcotics has not been accompanied by equivalent efforts to generate international programs of drug abuse prevention—including treatment, education, and research. To remedy this situation, the Special Action Office and the State Department are currently reviewing existing programs and establishing policies and priorities for the implementation of drug abuse prevention activities on the international level.

There are at this time few Federal programs operating in the field of international drug abuse prevention due principally to the critical need in recent years to concentrate our resources on the domestic drug abuse problem. On several occasions, however, education and training programs have been conducted for foreign drug abuse experts, usually through the courtesy of State Department and AID cultural exchange

BUREAU OF PRISONS

– DRUG ABUSE PROGRAM FUNDING –

– BY PROGRAM CATEGORY –

(Dollars in millions)

PROGRAM CATEGORY	FY 1973			FY 1974			FY 1975		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
TREATMENT/REHABILITATION	3.1	3.1	3.1	4.2	4.2	4.2	7.5	7.5	7.5
EVALUATION	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
PLANNING/DIRECTION/ MGT/SUPPORT	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
TOTAL	3.4	3.4	3.4	4.5	4.5	4.5	7.8	7.8	7.8

scholarships which bring these professionals to the United States for specialized training. The Federal Government has also participated in cooperative efforts with such international organizations as the World Health Organization and United Nations Educational, Scientific and Cultural Organization. These efforts have, in the past, been primarily limited to technical advice and assistance to the international organizations although the United States will soon be able to offer direct services through those organizations to countries with drug abuse problems of their own.

Technical and programmatic assistance projects in the area of drug abuse prevention are being instituted this year for the benefit of American citizens residing in foreign nations. Due to the increasing numbers of arrests and drug abuse problems involving Americans abroad, as well as the problem of increased drug abuse in other countries, efforts have now been initiated to provide treatment and rehabilitation programs for American citizens residing in foreign nations. Priority is being given to those Americans on assignment with the military or employed by the Federal Government.

Future Priorities and Directions

The Strategy Council and the Cabinet Committee on International Narcotics Control are currently developing new goals and priorities to foster increased drug abuse prevention activity within the international community. The first step is to coordinate the activities of all the Federal agencies involved in drug abuse prevention activities in foreign nations. Responsibility for the task rests with the Special Action Office, which is establishing priorities and designing programs intended to accelerate Federal involvement in drug abuse prevention activities abroad. The major objective of these programs will be to facilitate the

multilateral exchange of drug abuse prevention information and experience.

Research information developed in foreign countries will also be made available for the first time. The United States will support epidemiological studies abroad to ascertain the extent of drug abuse as well as the ways in which drug abuse spreads across national and cultural lines. Research information exchange channels will be improved, and the United States Government will support efforts through the United Nations to avoid duplication of research efforts. The Special Action Office, the Department of Health, Education, and Welfare, the Department of Agriculture, and the Agency for International Development will participate in these programs.

Since drug abuse education is an area of major interest and concern among foreign governments, new efforts have been undertaken to improve the Federal capacity to provide drug education materials to foreign governments and international organizations. In addition, the United States Government will continue to offer courses and practical experience for drug abuse experts who visit this country to receive specialized training. The curricula of existing NIDA and Office of Education training centers will be expanded to include programs for these experts and conferences will be designed to facilitate the ready exchange of information and experience in this field.

Due to the continuing problem of drug experimentation and abuse by dependents of Americans living abroad, the Federal Government will continue its effort to ensure that these individuals have access to adequate treatment, rehabilitation, and prevention programs. The Department of State will maintain primary responsibility for coordinating drug abuse programs for dependents of Federal employees residing abroad, while the Department of Defense will continue to provide treatment programs for military dependents. In addition, the Special Action Office will encourage private United States companies who send their employees overseas to provide funds for treatment and prevention programs in those areas where drug abuse may prove to be a problem for their employees.

A final priority in the area of international cooperation is the continuing worldwide search for synthetic substitutes for opium derivatives currently being used as analgesics and antitussives. Cooperative research programs will be continued in an effort to develop safer, more effective medications.

Until such substances can be developed and proved safe and efficacious, the United States Government will continue to ensure that sufficient morphine and codeine are available for legitimate medical use in the United States. The Federal Government is making arrangements to release a portion of opium which is no longer needed for the national stockpile to be refined into morphine and codeine to meet current

medical needs. The government will also review the legitimate needs for antitussives and analgesics, study the various options, and conduct extensive research in order to continue to assure the adequacy of these supplies.

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III
SUPPLY REDUCTION

A. OVERVIEW

The problem of drug abuse must be approached on two fronts simultaneously. Efforts to reduce the *demand* for illicit drugs are described in Chapter II. Equally important Federal strategies to reduce the *supply* of abusable substances are the subject of this chapter.

An inexpensive and easily obtained supply of a drug does not necessarily mean that it will be abused, but the probability of its abuse is clearly increased by its availability. Controlling the supply of abusable drugs is therefore in the forefront of the Federal strategy. When a substance has no therapeutic uses, the goal is to suppress it as much as possible. If the substance does serve legitimate medical or scientific needs, the objective is to facilitate these uses while preventing overproduction, illegal importation, and diversion to illicit channels.

This chapter describes in detail the policies and programs of Federal agencies in supply reduction. The strategy encompasses all sources of abusable substances and enlists a variety of legal approaches and enforcement tools to control those sources, thereby minimizing the supply of illicit drugs.

Three basic themes dominate both domestic and international enforcement policy in Fiscal Year 1974 and Fiscal Year 1975.

First, heroin traffic remains the top priority in the Federal supply reduction effort.

The considerable progress made in reducing the availability of heroin in the United States is reflected in the continuing heroin shortage on the East Coast. Because of the success in disrupting the drug flow from Europe, trafficking patterns are shifting. There has been a dramatic rise in the supply of brown heroin

originating in Mexico. Increasing amounts of Southeast Asian heroin are now reaching the United States. These trends suggest that production and trafficking networks in Mexico and Asia may soon be in a position to supply large quantities of heroin. Moreover, repeated small shipments still arrive from Europe.

Continued containment of opiate abuse requires continued pressure on the flow of opium derivatives from the Mideast through Europe to the United States and expanded efforts to interdict the Southeast Asian and Mexican brown heroin.

Second, reducing the availability of nonopiate drugs will receive increased attention.

Eliminating illegal trafficking in nonopiate drugs requires different approaches for each drug depending on the source.

Cocaine trafficking networks emanating from Latin America have been in existence for many years. Increased demand for cocaine has increased its attractiveness to traffickers, and it has now become a significant element in the total illicit drug trade. In 1974, many of the techniques applied so successfully against the clandestine manufacture and distribution of opiates will be employed to suppress cocaine traffic.

Amphetamines and other synthetic stimulant drugs reach abusers from clandestine laboratories, from foreign production illegally smuggled into the United States, and from legitimate domestic production diverted to illicit channels. Tight controls imposed on the lawful domestic amphetamine handlers appear to have substantially reduced diversion, but traffickers have now turned to foreign and clandestine sources as well as to substitute nonamphetamine stimulants. In 1974, availability of the nonamphetamine stimulants will be further limited and enforcement efforts to eliminate clandestine laboratories and to reduce smuggling will be intensified.

Barbiturates and other depressants present the same types of diversion, smuggling, and clandestine production problems as the stimulants. In 1974, the legitimate domestic market in the highly abused barbiturates and methaqualone will be subjected to the same stringent restrictions which curtailed diversion of amphetamines. Illicit manufacture and importation will continue to be investigated. Controls will also be sought for several of the most widely abused tranquilizers.

Hallucinogens have apparently declined in popularity since the days of Haight-Ashbury, but some new potent and possibly lethal compounds were introduced in the underground market last year. Efforts to disrupt illicit hallucinogen laboratories will be initiated.

Traffic in hashish has increased throughout Europe and the United States. Mixed shipments of hashish and morphine base have been detected in Western Europe. Additionally, the hashish traffickers could readily shift their operations toward the distribution of morphine base

through the channels already established. In 1974, ways will be explored to prevent the development of new hallucinogenic drugs.

The increasing appearance of hashish oil in the illicit traffic has been a disturbing recent development. Hashish oil is a liquid concentrate of the psychoactive ingredient of marihuana and thus many times more potent than marihuana or ordinary hashish. The long-term effects of this powerful hallucinogen are not known. Its concentrated form, however, makes it easier to smuggle than marihuana or hashish. In 1974, hashish oil will be the target of intensive enforcement activities.

Finally, traffic in marihuana itself continues to be a significant law enforcement problem. The controversy surrounding this drug has not diminished. Studies of its long-term toxicity and related health risks were initiated in the last few years but are not yet complete. Until the time that these studies or others demonstrate that marihuana does not create hazards to the public health and safety, Federal policy will be to continue to interdict the smuggling and trafficking of marihuana, to eradicate its illicit cultivation and harvesting, and otherwise to limit its availability within the United States.

Third, the effectiveness of Federal supply control efforts will be improved through increased coordination of all involved agencies, through greater flexibility in responding to new problems, and through evaluation of techniques and resources currently utilized.

The continuing abuse of nonopiate drugs, the appearance of brown heroin and hashish oil, the rapidly fluctuating patterns of abuse, the marketing of new abusable pharmaceuticals, and the shifting sources of supply for drug abusers collectively emphasize the need for a drug control system capable of executing a comprehensive strategy on numerous fronts.

The management of Federal programs was significantly strengthened in 1973 through the creation of the Cabinet Committee on Drug Abuse and the consolidation of Federal drug investigation and intelligence resources in the Drug Enforcement Administration of the Department of Justice. In addition, the Attorney General was charged with coordination of all drug enforcement efforts. In 1974, the integration of agencies involved in controlling the flow of drugs will extend beyond the general policy level to the planning, execution, and evaluation of specific programs.

The efforts to reduce the supply of illicit drugs are influenced by many factors including respect for legal rights of individuals and companies, changing political situations in other countries, the limits of law enforcement technology and even the number of trained, experienced agents. In order to assess the optimum use of Federal resources, **Strategy 1974** projects a thorough evaluation of each major drug enforcement program.

B. INTERNATIONAL COOPERATIVE PROGRAMS TO REDUCE THE AVAILABILITY OF ILLICIT DRUGS

Framework for International Action

On June 17, 1971, the President called for an all-out attack on international drug trafficking. In response, the Federal Government launched an accelerated campaign to obtain the cooperation and assistance of foreign governments and international organizations in controlling illicit drug cultivation, production, and trafficking.

These efforts are coordinated by the Cabinet Committee on International Narcotics Control (CCINC) chaired by the Secretary of State. The CCINC formulates and supervises implementation of all Federal policies designed to curtail and eliminate the flow of illegal drugs into the United States from abroad.

In structuring United States foreign and international drug control efforts, the Cabinet Committee has directed that the primary focus of international drug control efforts be the interdiction of narcotic drugs, particularly heroin and its precursors and cocaine. The entire supply of these drugs sold on the streets of this country originates in foreign nations. There is also considerable concern with international trafficking in cannabis and more importantly increasing trafficking in synthetic drugs such as barbiturates and amphetamines.

Seizure of illicit drug shipments, destruction of trafficking operations and patterns, and arrest and imprisonment of traffickers will continue to be the three primary international drug control objectives for 1974.

To assist in the achievement of these objectives, Narcotics Control Officers have been designated at virtually all United States foreign posts. At the Cabinet Committee's direction, narcotic control action plans were prepared early in 1972 by the State Department for 60 counties where production, consumption, processing, or transshipment of illicit narcotic and dangerous drugs are thought to take place. These plans detail the specific steps which the United States, the host government, and concerned international organizations should take to attack illicit trafficking, and serve as a basis for negotiation of bilateral action programs.

Organization of the Cabinet Committee

The organization of the Cabinet Committee is depicted on the accompanying chart. The Committee's Executive Director has been designated as Senior Adviser to the Secretary of State for International Narcotics Matters, and also chairs a Working Group at the Assistant

Secretary level which is responsible for recommending policy to the Cabinet members and to the President.

The Coordinating Subcommittee consists of the top officials who have full-time narcotics responsibilities in the participating agencies. This group is responsible for implementation of the policy of the Cabinet and Working Group. Specialized subcommittees deal with CCINC priority program efforts—drug intelligence, development of oversea enforcement capability, training of oversea narcotics forces, research and development for international drug interdiction, and development of oversea treatment programs.

At the field level, each embassy has a Narcotics Working Committee composed of experts from the State Department, the DEA, CIA, AID, and USIS.

Programs of the CCINC

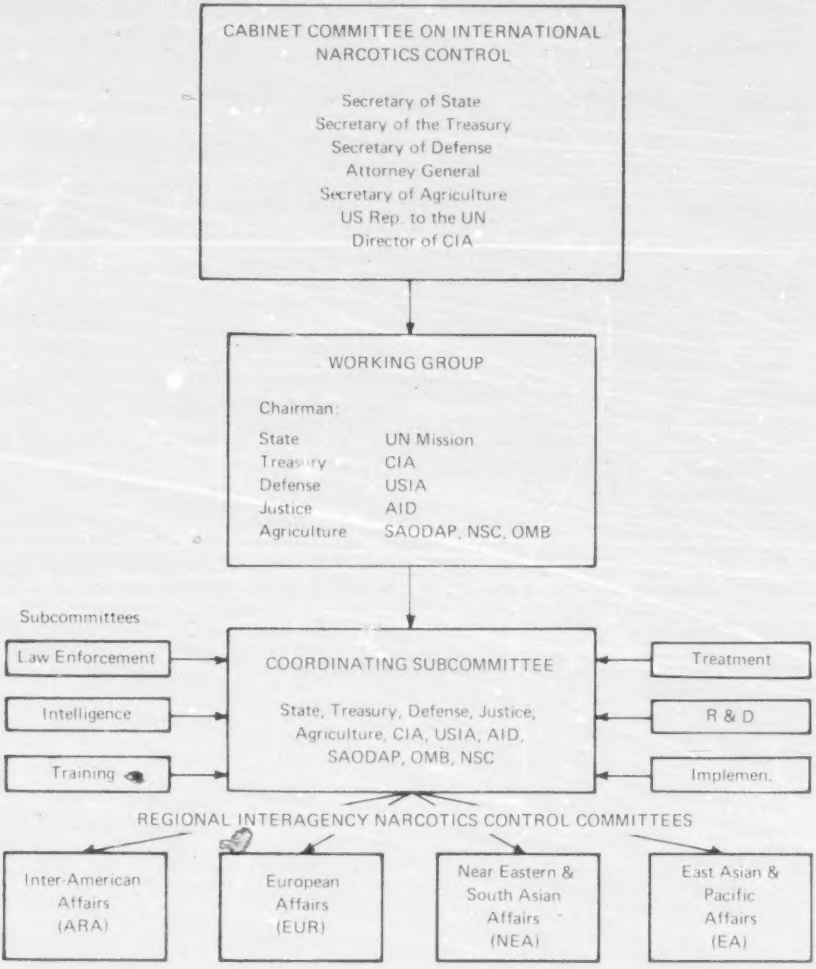
Priorities Among Supply Interdiction Methods

The Cabinet Committee has assigned the highest 1974 oversea priority to efforts designed to improve the collection, analysis, and use of drug intelligence and to upgrade the quality of foreign drug law enforcement. The CIA has been directed by the President to assume lead responsibility for the collection of international drug intelligence. Their effort will be augmented by the DEA which has significantly increased its number of oversea agents.

The emphasis placed on helping to improve the quality of foreign drug law enforcement stems from a realization that the United States has little or no unilateral capability to interdict international drug traffic until it reaches our borders. Interception of drug trafficking at earlier stages in the distribution network can only be accomplished by the enforcement agencies of the origin or transit countries. Securing the requisite political commitment from foreign governments to place greater emphasis on drug law enforcement is, therefore, a prime 1974 diplomatic objective. Once such a commitment has been secured, the United States will be ready to provide information, advisers, training, commodity and equipment support, and funding (where appropriate) to help foreign governments develop effective drug law enforcement capabilities.

Beyond the effort to assist in the law enforcement and treatment areas, the Cabinet Committee continues to place emphasis on crop substitution and the eradication of the opium poppy and the coca bush which can disrupt existing illicit international drug distribution systems at their source. Due to the practical problems involved with efforts to completely eradicate opium and coca, however, this is a longer term

ORGANIZATION OF THE CABINET COMMITTEE ON INTERNATIONAL NARCOTICS CONTROL



objective which is feasible in some circumstances but impracticable in others.

Priority Nations

The CCINC must be constantly aware of changing patterns in the flow of illicit drugs overseas. Because of the extraordinary profitability of illicit drug trafficking, successful enforcement efforts in one part of

the world inevitably lead to increased pressures on other nations and routes.

The President's programs during 1971 and 1972 played a major role in bringing about the current heroin shortage on the East Coast. The Turkish opium cultivation ban and extraordinary enforcement efforts by the French and Latin American nations severely disrupted the old "connections." Seizures of European heroin tripled between 1971 and 1973. Over 100 major international violators were imprisoned, and wholesale prices of morphine base in Marseilles, the heroin capital, increased nearly 400 percent—particularly after French seizures of seven major heroin labs.

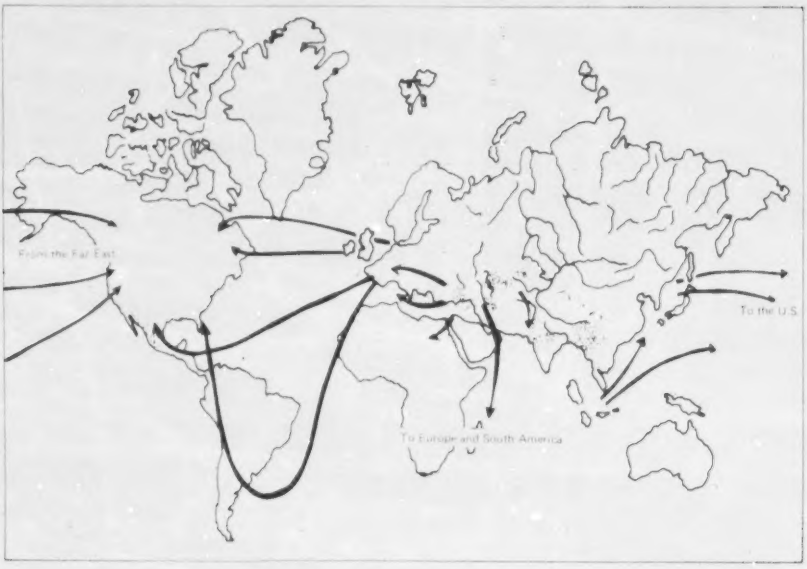
Though the shortage remains acute, trafficking and production patterns have now begun to shift:

- There are signs of continued heroin trafficking in Europe, and new European nations are being tested by international traffickers as transit areas.
- In the wake of changing heroin trafficking patterns in Europe, Mexican brown heroin is becoming more readily available in America. The lengthy, rugged nature of the Southwestern border makes transshipment of brown heroin from western Mexico to the United States an inviting opportunity for major and minor traffickers alike.
- Southeast Asia's famous "Golden Triangle" is the source of 50 percent of the world's illicit opium production (approximately 700 tons). Only 10-20 percent of that product each year could supply the heroin needs of all United States addicts.
- Pressure has increased on illicit opium produced in the Near East. Diversion of production for illicit use in that region and the difficulty of making lengthy "connections" to the United States have so far kept all but a trickle of this opium from United States markets.
- The increasing preference for cocaine in the United States is causing the rapid development of a cocaine connection with the coca-producing areas of Latin America. (A map indicating major illicit drug production areas and trafficking routes appears on page 64.)

Resource Allocation

The Foreign Assistance Act is providing $42.5 million for international drug control in Fiscal Year 1974. The Act's funds in Fiscal Year 1974 will primarily provide training (15 percent), equipment (45 percent), and crop substitution (30 percent) programs. Expenditures by

OPIUM GROWING AREAS & GENERAL TRAFFICKING ROUTES



DEA, State, CIA, Customs, and USIA will add another $18 million to the international program.

Substantial new equipment and training programs are being introduced this year in Mexico against the brown heroin traffic, in the Golden Triangle (Burma, Laos, Thailand), and in the Near East (primarily Pakistan and Afghanistan). These new programs employ all available tools. For example, the United States supports a variety of interdiction efforts in Thailand including: (1) border police who actively interdict well-armed opium caravans; (2) Special Narcotics Operations (SNO) units advised by DEA agents which are mobile police squads seeking caravans and major violators; (3) Bangkok Metropolitan Police enforcement against syndicates; (4) Marine police who attempt to interdict opium and heroin transshipped in trawlers headed for Hong Kong and other major trafficking points; (5) extensive United Nations and bilateral crop substitution and market development efforts with opium-growing Thai hill tribes; (6) extensive high-level diplomatic discussions concerning Thai government efforts to control insurgents along its border who frequently engage in narcotics trafficking; and (7) regional efforts to solicit cooperation among Laos, Burma, Thailand, Hong Kong, and other countries through which trafficking takes place.

Increasingly, program funds are going into Latin America and the Far East. In these regions, as opposed to Turkey, illicit drug cultivation takes place in largely uncontrolled areas, and trafficking is frequently done by insurgent groups which exchange narcotics for guns and

ammunition. Local police and diplomatic efforts recognize these realities, and assistance packages are developed accordingly.

Since illicit opium cultivation is often an important cash crop for the local farmer who gains little remuneration from licit drug cultivation, most enforcement packages in these parts of the world are complemented by agricultural assistance programs designed to assist the peasant in finding substitute crops to replace drug-oriented cultivation.

Goals for Bilateral Action

The **Strategy 1974** goals of bilateral antinarcotic programs are:

- To maintain the East Coast heroin shortage by continuing major enforcement efforts against European and Latin America heroin traffickers.
- To curtail illicit cultivation of opium and production of heroin in western Mexico through eradication efforts and new enforcement programs.
- To halt the increased trafficking activity in the Golden Triangle, which threatens to replace Europe as the major source of U.S. heroin, by stepped-up diplomatic and law enforcement assistance efforts in Thailand, Burma, Laos, and Hong Kong.
- To develop new programs in Pakistan and Afghanistan which will enable these countries to prevent illicit heroin trafficking within their borders.
- To increase enforcement in Latin America against cocaine and in Latin America and Europe against amphetamines and barbiturates.
- To develop through CIA and DEA an international narcotics intelligence system which will provide a basis for penetration and eventual disruption of major international drug syndicates.

International Organization: Narcotic Control and Treatment Program

Concurrent with the bilateral action programs, the United States Government has given full support to multilateral efforts in the campaign against illicit narcotics production and trafficking. The United States took the lead in establishing the United Nations Fund for Drug Abuse Control, which finances a plan for concerted action against drug abuse. The plan encompasses projects aimed simultaneously at supply and demand. The Fund's first major project is a long-term program in Thailand; it has also negotiated an agreement with Afghanistan and has sent an exploratory mission to Burma. To date, contributions to the Fund total $10 million, of which $8 million has been provided by the United States. Support of the Fund is a key tool in the fight against drug abuse at the source, and the United States has

encouraged other governments to provide generous and continuing contributions.

Moreover, the United States has taken the lead in formulating two major pieces of international drug control legislation. The first, the Convention on Psychotropic Substances, would provide international controls over such drugs as LSD and other hallucinogens, the amphetamines, barbiturates, and tranquilizers. The President has forwarded the Convention to the Senate where it is presently awaiting action toward ratification.

The second major area of international legislation pertains to the 1961 Single Convention on Narcotic Drugs. The United States initiated proposals to amend this Convention in 1971 and by March 1972 an amending Protocol which includes substantially all of the United States proposals was unanimously adopted at the United Nations Conference in Geneva.

The Protocol increases the authority of the International Narcotics Control Board (INCB) to reduce illicit production and traffic of narcotics through access to better information, on-the-spot examinations, and publicity of control violations. The INCB would for the first time have the authority to require the reduction of opium cultivation and production in countries known to be sources of illicit drug traffic. Also for the first time, the Board would have the authority to recommend technical and financial assistance to help governments fulfill their treaty obligations. Finally, the Protocol would give countries significantly greater ability to extradite major narcotics traffickers.

The United States Senate ratified the amending Protocol on November 1, 1972. Through diplomatic channels, the United States has continued to encourage final approval by other countries so that the Protocol can be made operative at the earliest possible time.

Multilateral goals of **Strategy 1974** are:

- To obtain enabling domestic legislation and United States ratification of the Convention on Psychotropic Substances.
- To bring into force the Amending Protocol to the 1961 Single Convention on Narcotic Drugs.
- To support the United Nations Fund for Drug Abuse Control in its efforts to reduce productive traffic and abuse of drugs and to encourage significant and more proportionate contributions to the Fund from other countries.
- To promote increased regional cooperation in narcotics control in critical areas through existing groups (e.g., Colombo Plan, Association of Southeast Asian Nations, and EEC) and to encourage new regional initiatives.
- To urge other cooperating governments through their diplomatic representation in third countries to use their influence to

promote more effective action against illicit production and trafficking in those nations.

C. DRUG LAW ENFORCEMENT

As was noted in Chapter I, in July 1973, the various Federal agencies with drug law enforcement responsibilities were merged into the Drug Enforcement Administration of the Department of Justice.

Criminal Investigative Programs

The primary objectives of Federal investigations of drug crimes are to detect and apprehend persons engaged in the illegal manufacture, importation, or distribution of narcotics and dangerous drugs, and second, to seize illicit drugs and equipment for illegally producing drugs. Through both means the ultimate goal is achieved: reduction of the quantity of substances available for abuse.

The sources of illicit drugs depend on the substances involved, the alternative sources available, the individuals engaged in the traffic, and the profits that can be gained. No single strategy can deal with all sources; no one tactic can be universally effective. **Strategy 1974** identifies five principal targets for criminal investigative forces: major drug traffickers; smuggling; local or regional drug networks; clandestine laboratories; and quasi-legitimate drug handlers.

Target A: Major Drug Traffickers

Persons with professional expertise and financial resources conceive and fund major networks to distribute illegal drugs. Because these major traffickers minimize their direct handling of the drugs, they are difficult to apprehend. In order to immobilize these criminals, several different approaches are currently being utilized.

First, the Drug Enforcement Administration penetrates the organizations through the use of undercover agents, informants, court-authorized wiretaps and other lawful investigative techniques. Great emphasis is placed on the conspiracy laws in order to establish cases against the top figures.

Second, the Treasury Department, through the Internal Revenue Service, is continuing its program involving intensive investigation of the income tax returns of suspected drug traffickers. Since drug traffickers rarely declare their illicit income, tax audits and investigations can be very productive even when other Federal agencies are unable to obtain enough evidence to prosecute the trafficker successfully for drug law violations.

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Third, the Department of Justice Organized Crime Strike Forces combat organized crime on a regional basis. In many instances, simultaneous arrests for violations of a spectrum of Federal, State, and local laws can disrupt a criminal organization.

Fourth, the Drug Enforcement Administration is conducting joint operations with criminal investigative agencies in foreign countries. Since 1970, cooperation with the French and Turkish authorities has resulted in the systematic interdiction of opium derivatives flowing from the Mideast through Europe to America. The increased efforts have resulted not only in substantial illicit drug seizures but also in the prosecution of major international syndicates responsible for heroin traffic in the United States, Turkey, France, Italy, Canada, Mexico, Brazil, Argentina, and Venezuela. Productive collaboration with the Mexican authorities has yielded increased knowledge about illicit narcotic production in that country permitting joint planning and programs to curtail the supply. An aggressive joint narcotic enforcement program in Thailand has seriously disrupted the production and traffic in heroin.

Fifth, the Treasury Department has implemented new legislation requiring individuals to report on all money in excess of $5,000 brought into or out of the United States. This creates a legal tool to disrupt the movement of funds by couriers to finance illicit activities.

The **Strategy 1974** Action Plan in the area of criminal investigative activities against major drug traffickers includes the following:

- Penetration and immobilization of drug trafficking organizations will continue to be the most important criminal investigative effort of the Drug Enforcement Administration.
- The Internal Revenue Service will expand its investigations of tax evasion as part of increased Federal efforts against non-opiate drug distribution.
- Organized Crime Strike Forces will operate in at least 16 metropolitan areas.
- The number of DEA agents stationed overseas will be augmented significantly, with corresponding increases in offices, support personnel, and intelligence officers.
- The Treasury Department will conduct a new program to combat all international financial crimes within its jurisdiction.
- Joint investigative programs in Europe and the Mideast will continue, concentrating on preventing new sources of opium from developing and replacing the now-diminished supplies from Turkey.
- New investigative efforts will be aimed at the heroin flow from the "Golden Triangle" of Burma, Laos, and Thailand, including a special joint program by narcotic enforcement authorities of the Royal Government of Thailand, the Crown Colony of Hong Kong, and the United States.

- Cooperative actions with Mexico will aim to eradicate the illicit cultivation of opium and the clandestine manufacture of brown heroin in that country, as well as the smuggling of this and other drugs into the United States.

Target B: Smuggling

Another major target is the smuggling of illicit drugs into the United States. While DEA has the primary responsibility for all intelligence and investigative functions regarding drug law violations, including smuggling of narcotics and dangerous drugs, cooperation and assistance are provided by several other important Federal agencies.

Through the routine inspection of people, baggage, cargo, and conveyance, the United States Customs Service in the Department of Treasury has a significant role in the interdiction of illicit drugs at United States ports of entry and on land and water borders. After detection, all cases of drug smuggling are referred to DEA for appropriate investigation aimed at apprehending other persons responsible for the illegal importation. The Customs Service continues to develop advanced detection techniques. It maintains an automated intelligence dissemination system in support of its overall enforcement responsibilities, including narcotics interdiction, and is continuously upgrading its intelligence base with the cooperation of other law enforcement agencies.

The Immigration and Naturalization Service of the Justice Department has responsibility for patrolling the United States borders between authorized ports of entry for the purpose of apprehending persons attempting to come into this country illegally. In the course of this work the Border Patrol frequently encounters drug smuggling. New operational agreements between DEA, Customs, and the Immigration and Naturalization Service provide for concerted Border Patrol efforts to intercept drug smugglers and to gather drug intelligence during the course of its customary investigations.

In the past, ships bringing illegal drugs into U.S. waters have transferred their cargo to smaller boats before entering ports, thereby eluding detection by the Customs Service and DEA. Because the United States Coast Guard has jurisdiction to board these ships before they enter United States ports, this agency's assistance is an important feature of the drug interdiction effort.

Similarly, the Federal Aviation Administration contributes to the antismuggling program by providing intelligence regarding the cross-border traffic of small aircraft. In addition, the antihijack search procedures at U.S. airports have resulted in the seizure of quantities of illegal drugs.

The **Strategy 1974** Action Plan for drug smuggling interdiction is as follows:

- A comprehensive plan to police all United States borders will be developed to integrate the activities of DEA, the Customs Service, the Immigration and Naturalization Service, and other Federal agencies.
- DEA will expand drug enforcement activities along the borders through commitment of additional investigative resources.
- DEA, the Customs Service, and the Border Patrol will intensify interdiction and investigative efforts against smuggling of brown heroin across the United States-Mexican border. This will complement a Mexican program to eradicate the 1974 crop of opium poppies.
- The United States Customs Service will intensify its intelligence gathering regarding drug smuggling, and will conduct thorough and intensive searches of persons and material entering the country along drug trafficking routes.

Target C: Local and Regional Drug Networks

Criminal investigative efforts must also focus on the local and regional networks from which the street "retailer" of narcotics and dangerous drugs obtains his supply. While local drug law enforcement agencies have primary responsibility for disrupting this level of the trafficking pyramid, the Federal Government provides leadership and assistance in several ways.

State-and-local/DEA task forces have special resources and abilities which enable them to operate across jurisdictional lines, to enforce a variety of laws, and to utilize unique investigative equipment and techniques. The Federal Government contributes operational manpower, intelligence, and training (through DEA), grant funds (through the Law Enforcement Assistance Administration) and close coordination of investigative and prosecutive activities in local areas (through the Assistant Attorney General for Narcotics). Local governments provide most of the operational personnel as well as additional funds and equipment. In this way, Federal and local strategies are coordinated—oftentimes through metropolitan enforcement groups—many local and regional drug networks are immobilized, and intelligence is gathered for efforts against the higher echelons of traffickers.

The **Strategy 1974** Action Plan for combating regional drug networks is as follows:

- DEA will strengthen the operations of State-and-local/DEA task forces through improved intelligence and increased manpower.
- Each task force and metropolitan enforcement group will have

sufficient discretion and flexibility to operate most effectively against local drug trafficking problems.

- Legislation will be proposed to replace several LEAA categorical grants with a revenue sharing program and with special DEA grants. Until these changes are enacted, LEAA and DEA will closely coordinate grant awards and operations to assure that specific funding efforts are integrated with overall Federal strategies and plans.
- DEA will establish mobile task forces capable of addressing special temporary problems in any area of the country. This will provide immediate resources in difficult situations without reducing ongoing investigations elsewhere.

Target D: Clandestine Laboratories

The clandestine manufacture of controlled drugs within the United States is another subject of intense DEA activity. These labs have been the traditional source of hallucinogens and methamphetamine, and there is some evidence that illicit barbiturate/sedative production may be initiated. By closing the laboratories and apprehending the chemists, a significant source of these drugs can be eliminated.

To supplement its criminal undercover work, the DEA has enlisted the aid of legitimate chemical companies in the United States who have agreed to notify DEA of suspicious orders for raw materials often used in clandestine production. This precursor control program enables DEA to monitor the movement of the chemicals in order to determine whether, and where, illicit manufacture might occur.

DEA also operates a sophisticated ballistics program to identify the sources of legitimate and illicit drugs in dosage form. By comparing evidence with standards supplied by producers of pharmaceuticals and drug-manufacturing equipment, the original source of a drug can be confirmed. Often clandestine tablets seized in disparate cities are found to have been made by the same illicit operation; this intelligence expedites the investigation against the chemist.

The **Strategy 1974** Action Plan includes these activities:

- The precursor control program will be expanded to include additional raw materials and more chemical manufacturers.
- Investigations against clandestine laboratories will be intensified through established as well as innovative techniques.

Target E: Quasi-Legitimate Drug Handlers

A fifth target for criminal investigations are those persons licensed to handle narcotics and dangerous drugs who exploit this privilege by diverting legitimate materials to illicit channels. While such a person's

supply can sometimes be cut off through regulatory devices, more severe penalties against the diverter can be imposed only after criminal proceedings. In order to improve criminal investigations at this level, the DEA has recently created three Federal/State task forces, called Diversion Investigation Units, to coordinate State and local police, inspectors and agents of the State licensing boards, and the criminal and regulatory agents of DEA. These have been funded by a $2 million grant from the Law Enforcement Assistance Administration.

The **Strategy 1974** Action Plan in this area calls for the following:

- Seven additional Diversion Investigation Units will be created.
- DEA will expand its own criminal investigations of quasi-legitimate drug handlers in those States where Diversion Investigation Units are not yet operating.

Nontarget: The Drug Abuser

One group of law violators, not currently the subject of significant Federal investigative efforts, is the consumer of illicit drugs—the drug abuser. Consumers rarely constitute a significant factor in the overall supply of illicit drugs, although an abuser or addict may be the primary street dealer in a local neighborhood, selling drugs to support his own needs. Therefore, the higher level trafficker is the proper target of Federal enforcement resources. Accordingly, DEA and other United States agencies have deferred the responsibility for enforcement of laws against possession of controlled drugs to State and local law enforcement agencies.

Federal drug enforcement agencies recognize that drug abuse is as much a social and medical problem as a criminal one. The long-range impact on consumption (or demand) will be achieved through better therapy. Therefore, DEA, working with State and local investigative agencies as well as drug rehabilitation programs, is encouraging experiments to divert arrested drug-dependent persons from the criminal justice system into drug treatment and rehabilitation programs.

Regulatory Investigations and Enforcement

The Federal Government is engaged in preventing diversion of narcotics and dangerous drugs intended for legitimate medical or research purposes. The 500,000 persons and firms who manufacture, distribute, and dispense controlled substances must comply with strict requirements designed to stop the leakage of drugs to traffickers and abusers. Anyone failing to abide by these requirements, whether by intent or negligence, may forfeit his occupational privilege to handle controlled drugs.

Some diversion is inevitable and can occur all along the distribution chain. Regulatory investigations must first detect where and how leakage is occurring, and then assure that the same leakage is not repeated elsewhere. The preventive function of regulatory controls is essential to limiting the supply of drugs available for abuse. To do this, DEA, working with the FDA, the NIDA, and the SAO, imposes tight regulatory controls on drugs which are or may become abused.

The **Strategy 1974** Action Plan in this program area is as follows:

- Stricter controls will be imposed on methaqualone and the short-acting barbiturates, including nonrefillable prescriptions, quotas on production, special order forms for distribution, vault-type security for storage by manufacturers and wholesalers, and DEA permission to import and export.
- Reports on the manufacture and sale of narcotics, amphetamines, the short-acting barbiturates, and methaqualone will be computerized. This system (called ARCOS) will enable DEA to identify every unusual transaction in the legitimate drug distribution network, even at the retail level.
- Regulatory audits by DEA and State inspectors will be made more effective through use of computerized reports and better intelligence from the Diversion Investigation Units.
- Placement of DEA personnel in Europe and Mexico will strengthen cooperation between the United States and other countries in preventing the diversion of legitimate drugs.
- DEA will attempt to tighten domestic regulatory controls by urging adoption of the Uniform Controlled Substances Act in all 50 States and by closer coordination between DEA and State licensing boards.

Drug Intelligence

Good intelligence is essential to the success of any investigative or enforcement agency. With accurate and up-to-date information the agency can assess the vulnerabilities of criminal networks, interdict drug traffic in a systematic way, forecast the new ways in which illicit trade may develop, evaluate the impact of previous activities, and establish long-range strategies and policies.

Primary responsibility for acquisition, collation, analysis, and dissemination of drug intelligence rests upon the Drug Enforcement Administration. For the first time, a single Federal agency has been mandated to maintain and provide complete drug intelligence on a national basis. To this end, DEA is making the necessary arrangements with intelligence elements in other Federal criminal investigative agencies, with State and local law enforcement operations, and with the

United States intelligence organizations. In addition, there will be increased cooperation with foreign law enforcement agencies including increased utilization of investigative services, information, and intelligence available through the Washington National Central Bureau of INTERPOL of the Treasury Department.

The priorities for intelligence activities are geared both to the immediate and the long-range strategies of criminal and regulatory enforcement. At the tactical level, intelligence provides immediate and quick support to the field investigative forces by identifying traffickers and facilities involved in the production and movement of illicit drugs. At the operational level, intelligence about trafficking groups and their operations permits the recognition of patterns, routes, and modes of operation, the assessment of vulnerabilities of those involved, and ultimately the development of leads for conspiracy investigations. Strategic intelligence seeks a comprehensive and current picture of the entire system by which drugs are produced and made available to abusers, the scope and severity of present and future abuse patterns, and the long-range prospects and problems of attempting to reduce the supply of illicit drugs.

In many respects drug intelligence is still primitive; yet the **Strategy 1974** Action Plan demands sophistication:

> DEA intelligence operations will be expanded substantially to over 100 professionals stationed both in Washington and in the field.
>
> The widely dispersed and multidirectional intelligence resources of the Federal Government will be coordinated in the collection of data on drug traffic. The FBI, for example, will begin systematic collection of domestic drug intelligence for the first time.
>
> All existing data will be evaluated for the purpose of identifying intelligence gaps which must be filled.
>
> Analytical models to measure, predict, and identify changes in the illicit distribution of heroin and other controlled substances will be designed. This will enable evaluation of the impact of new law enforcement and other supply control initiatives.

Research and Technology

Research and development are crucial to the continued improvement of the investigative and intelligence arms of the drug law enforcement agencies. The full spectrum of supply reduction programs is being studied to increase the productivity of drug law enforcement efforts. Innovative devices are being sought to disclose more rapidly and accurately the illicit cultivation, production, or smuggling of drugs. New and better equipment will enhance the security and safety of agents during actual operations. Techniques for measuring and evalu-

ating the effectiveness of specific investigative tactics and strategies are being prepared. Research will improve our capacity to forecast the potential abuse of new drugs and future patterns of drug abuse.

The Drug Enforcement Administration has primary responsibility for research and technology in the enforcement area but is receiving the support of the Departments of State, Health, Education and Welfare, Defense, and Agriculture, as well as other Federal agencies.

Under the **Strategy 1974** Action Plan:

- The ability to forecast new trends will be strengthened through the Drug Abuse Warning Network and similar broadly based confidential survey systems.
- New methods and devices will be designed and implemented to increase the security of criminal investigative agents.
- Specific studies will be undertaken on the effectiveness of novel programs or new controls on the availability of illicit drugs and on drug abuse itself. These include evaluations of the impact of new criminal penalties for drug trafficking in New York State, the triplicate prescription systems operated in four States, and the impact of tighter regulatory restrictions on short-acting barbiturates.

Law Enforcement Management

The creation of the Drug Enforcement Administration is an important step in improving the management of Federal law enforcement programs. Policy oversight will be provided by the newly formed Cabinet Committee on Drug Abuse, which monitors domestic drug enforcement and treatment efforts and the Cabinet Committee on International Narcotics Control, which coordinates the international drug control efforts. The National Drug Strategy Council will continue to provide advice.

Aside from coordination and planning, management also involves other dimensions. For example, agent safety is a paramount consideration. Narcotics officers are confronted with increasing levels of violence in dealing with the criminal underworld. In the last fifteen months, two Federal agents have been murdered and several others have been wounded by drug traffickers. This degree of violence in the drug trafficking world was not apparent in the 1960's. The Federal Government owes its agents every possible effort to minimize the growing risks.

Another important management criterion is the integrity and professionalism of drug law enforcement officers at all levels of government. Public confidence in the entire criminal enforcement effort can be seriously undermined by even one corrupt agent or a single unlawful arrest.

The Drug Enforcement Administration has asserted its leadership in these areas. Through the DEA Office of Training, narcotics officers from various Federal investigative agencies and from State and local police departments receive courses in the constitutional rights of private citizens and lawful procedures for making searches, seizures, and arrests. The curriculum also stresses self-defense and ways to avoid violent confrontations. The Office of Inspection monitors activities of DEA and other agents to uncover breaches of integrity or professionalism.

The question of "no-knock" search warrants generated significant controversy in 1973, and a restatement of the Federal policy is in order. The Congress empowered DEA to seek, and Federal courts to issue, search warrants authorizing the agent to enter a private place without advance notice of his authority and purpose, if two conditions are met: first, there must be probable cause to believe the giving of notice will immediately endanger the life or safety of the agent or will result in the destruction of the evidence sought; second, the court must expressly write in the warrant that notice will not be required. In recognition of the sensitive but occasionally invaluable power conferred by Congress, DEA has adopted the policy that "no-knock" search warrants should be employed judiciously and should be sought only after high-level review of existing circumstances. Accordingly, no DEA agent may seek such a warrant unless specifically authorized by the Administrator or Deputy Administrator of DEA. Furthermore, even when a "no-knock" warrant has been issued, DEA agents are directed to attempt to execute the search without utilizing the "no-knock" authority whenever circumstances permit.

Under the **Strategy 1974** Action Plan:

- A planning and evaluation office will be created within DEA to strengthen management of Federal drug law enforcement programs.
- All criminal investigative agents under the control of DEA will be required to adhere to the search-and-seizure guidelines announced by DEA, including the restrictions on the use of "no-knock" search warrants.
- Federal, State, and local drug enforcement officers will be further trained in all aspects of law, self-defense, and current problems and techniques in criminal investigations.

D. PROSECUTION, SENTENCING, AND TREATMENT OF DRUG LAW VIOLATORS

Drug abuse law enforcement planning has heretofore concentrated on the detection and apprehension of traffickers by criminal investi-

gative agencies. Because investigation is but the first step in the process of law enforcement, a major feature of **Strategy 1974** is the inclusion of prosecution, sentencing, and treatment by corrections agencies in the planning process.

Prosecution

Sound prosecution policies are crucial to the effectiveness of drug enforcement agencies. The prosecutor can greatly influence the outcome of investigations by refusing to prosecute or by accepting a guilty plea to reduce charges. The courts also have a serious impact on the way in which a case develops after arrest because judges establish whether, and on what conditions, the defendant may be released

DRUG LAW ENFORCEMENT AGENCY BUDGETS

(Excludes Drug Abuse Prevention Activities)

AGENCY	FY 1973 ACTUAL			FY 1974 ESTIMATE			FY 1975 ESTIMATE		
	B/A	OBL	OUTL	B/A	OBL	OUTL	B/A	OBL	OUTL
LEAA*	30.7	30.7	28.5	38.8	38.8	31.7	41.2	41.2	50.2
DEA	74.4	71.3	77.3	106.4	106.4	109.4	140.8	140.8	135.9
ODALE	0.2	0.2	0.2	**	**	**	-0-	-0-	-0-
ONNI	2.0	2.0	1.3	***	***	***	-0-	-0-	-0-
OTHER JUSTICE	2.3	2.3	1.4	3.5	3.5	4.8	4.0	4.0	5.2
STATE	1.0	1.0	0.9	1.2	1.2	1.0	1.3	1.3	1.1
AID	13.7	42.7	19.7	42.5	42.5	33.4	42.5	42.5	36.3
IRS	16.9	16.9	16.9	20.7	20.7	20.3	21.4	21.4	20.7
CUSTOMS	52.5	52.5	36.4	39.1	39.1	41.9	40.9	40.9	41.9
USDA	1.5	1.5	1.3	1.8	1.8	1.5	1.8	1.8	1.5
DOT	0.4	0.4	0.4	0.5	0.5	0.5	0.4	0.4	0.4
DOD - CIVIL	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
TOTAL****	200.0	221.7	194.5	254.7	254.7	244.7	294.5	294.5	293.4

*Includes LEAA funding for the Treatment Alternatives to Street Crime (TASC) program as follows: (Obligations): FY 73 - $2.9M, FY 74 - $4.2M, FY 75 - $7.2M.

**Personnel and programs incorporated in DEA budget; some special projects transferred to LEAA.

***Personnel and programs incorporated in DEA budget.

****Does not include Department of Defense-Military or the U.S. Postal Service.

pending trial. Most important, United States Attorneys and Federal courts, as well as their counterparts at the State level, often face the difficult challenges of limited staffs and backlogged calendars.

Unfortunately, this situation can limit the effectiveness of Federal efforts to reduce the supply of narcotics and dangerous drugs when a prosecutor declines to prosecute cases involving drugs of a certain kind or below a minimum quantity.

To provide another illustration, prosecution and investigation functions also interact when a significant drug trafficker is released on bond pending trial.

Many of these individuals, once released, are subsequently arrested on new drug charges.

The **Strategy 1974** Action Plan is designed to integrate the prosecution of drug violators into the overall supply control effort in the following ways:

- The Department of Justice will measure and evaluate the interaction and impact of investigative and prosecutive functions on the availability of illicit drugs and on the entire law enforcement system.
- Standards will be prepared to guide prosecutors on the types of cases which should be prosecuted and the types of plea bargains which should be accepted.
- Studies will be undertaken to find new ways of expediting trials of drug violators. This will include studies on: the feasibility of special courts to hear only drug cases, the legality of minimizing testimony (such as use of a certified chemical analysis of the evidence in lieu of the chemist appearing in court), and the adoption of modern court management techniques (such as the use of computers in controlling court calendars).

Sentencing

The sentencing of persons convicted of violations of the laws against narcotics and dangerous drugs is also critical to the effectiveness of the entire law enforcement effort. The purposes of sentencing are often said to include rehabilitating the violator, isolating the violator until he has been rehabilitated, deterring others who might violate the law, and expressing society's displeasure with the violator for having transgressed a social prohibition. In any given case, the judge must make his decision in light of the culpability and other characteristics of the defendant standing before him, and selecting one of the various sentencing options: imprisonment; probation under a suspended sentence; probation without sentence; monetary fine; in some cases, deportation; and in some cases, referral to medical or drug treatment facilities.

Irregular or inadequate penalties imposed by courts can affect the entire supply control effort. Citizens of foreign countries convicted of drug smuggling in the United States have been deported rather than imprisoned. This neither deters nor punishes the criminal, who can promptly resume his illegal shipments of drugs to this country.

Under the **Strategy 1974** Action Plan:

- Research will be conducted into the feasibility of formulating uniform, model sentencing standards for drug law violators.
- Efforts will be made to inform judges of the priorities and policies incorporated in the Federal **Strategy 1974** in order that they might review their own sentencing in drug cases.
- The impact of sentencing patterns on the effectiveness of law enforcement activity and on the availability of controlled substances will be evaluated.
- Legislation will be submitted by the Administration seeking more stringent penalties for drug traffickers, especially for those who have been previously convicted on drug charges.

Corrections

The final element in the criminal justice system is corrections, including both the prisons and jails and the probation and parole authorities. These agencies also have a significant effect on the Federal efforts to control the supply of abusable drugs. They control the environment in which the offender is incarcerated and may—or may not—be rehabilitated. They establish standards regarding eligibility for parole. They must supervise the parole or probation to make sure that the restrictions imposed upon the individual are not violated. This aspect of the criminal justice system has previously been outside the parameters of Federal drug strategy.

Under the **Strategy 1974** Action Plan:

- All elements of the Department of Justice (DEA and the Board of Parole) will review the order to recommend a consistent and rational set of standards for determining eligibility of offenders for parole.
- The system of supervising individuals on probation and parole will be studied to determine the ways in which these efforts may be integrated with those of drug law investigative agencies.
- The impact of parole and probation and incarceration on the behavior of drug traffickers and in turn on the availability of illicit drugs will be evaluated.

IV THE CRIMINAL JUSTICE/ TREATMENT RELATIONSHIP: A COORDINATED POLICY

The two preceding chapters have discussed the Federal drug abuse strategy for demand and supply, respectively. This chapter addresses the relationship between the criminal justice and treatment systems in the overall drug control effort, describes those Federal programs which have fostered cooperation, and announces new policy directions for the coming year.

A. THE NEED FOR PROGRAM COORDINATION

The Nation's response to illicit drug use over the last decade, necessarily containing both medical and legal aspects, has rested on two principal assumptions:

- That drug treatment, whether voluntary or involuntary, is beneficial to individuals who are drug-dependent;
- That drug usage leads certain individuals into the commission of other criminal offenses and therefore poses a danger to society.

If these assumptions are correct, then it would appear that successful treatment of drug abusers should lead to a decrease in criminal activity.

During an era of ascending crime curves and rising rates of heroin abuse, our national approach to dealing with the drug problem has been based on this hypothesis.

The drug abuse problem is a social problem which may be characterized in both medical and legal terms. It is therefore important to clarify the appropriate strategy for coordinating these roles at all levels of the governmental response.

Criminal laws aim, through the application of sanctions, to deter or restrain conduct by individuals which threatens social order. Drug abuse treatment, on the other hand, is oriented primarily toward individuals within both these systems. The objective is to facilitate the individuals' normal functioning within the wider society.

While additional research is needed to determine the nature of the relationship between various crimes and drugs, the evidence now available clearly indicates a complex pattern of relationships between drug abuse and criminal activity.

Such crimes as being under the influence of a controlled substance, possession of a controlled substance, presence in a place where controlled substances are being used, drug-related vagrancy, loitering for the purpose of using illegal drugs, possession of drug paraphernalia, and obtaining controlled substances by fraud are undoubtedly all committed by individuals who illicitly use controlled substances.

The nation's criminal justice response to drug users whose only crimes are among the above-listed consumption offenses must clearly diverge from its response to users who commit additional crimes. Also, society's traditional approach to narcotic abuse has differed from its approach to nonnarcotic and multiple drug abuse. In fact, the "social" drug user who maintains steady employment and pays for the drugs he periodically uses is often able to avoid all contact with the criminal justice and treatment systems.

Recent treatment policies have encouraged voluntary entrance into appropriate programs. Many steps have been taken to attract drug abusers to apply for treatment on their own. Equally important, however, are the quasi-voluntary opportunities for treatment within the criminal justice system.

The fact that illicit use of controlled substances frequently involves illegal activities means that, in many cases, a criminal justice agency is the first to encounter drug abusers. Such encounters may occur in emergency situations, such as overdoses or complications of withdrawal. It is more likely, however, that the encounter will be in the context of criminal investigations or the placement of criminal charges. Such criminal activity may involve only consumption crimes; it may involve drug trafficking for the purpose of financing a habit; or it may involve crimes committed by an individual who happens to be a drug user. The appropriate response by the criminal justice system and the treatment system differs in each of these situations. In each instance, however, the individual should be referred to treatment in an appropriate context.

For many years traditional law enforcement has been regarded as the principal defense against drug abuse; treatment programs were ancillary, being reserved primarily for civil commitment cases. However, as the rate of drug abuse increased dramatically throughout the country

during the late 1960's, the lines of responsibility became less clearly defined. Police officers began to act as street counselors, referral agents, and other paratreatment operatives. Treatment professionals found themselves in court being asked to make recommendations concerning the advisability of pretrial release, the terms and conditions of probations, the advisability of work release, and so on.

The most basic relationship between the criminal justice and treatment systems is perhaps the most obvious. As law enforcement efforts succeed in reducing the supply of illegal drugs, this will have a direct effect on the number of individuals who voluntarily seek treatment. The success of that treatment has, in turn, an effect on the subsequent demand for illicit drugs.

Apart from its success in controlling the supply of illegal drugs—which may indirectly increase the patient population—the criminal justice system often funnels individuals directly into treatment programs. Such referrals may occur at any stage of the criminal justice process and may be either in lieu of or in conjunction with the traditional criminal justice system. In fact, referral for treatment outside the criminal justice system is often recommended simply because the system does not have sufficient resources. Referral to a treatment program, either informally or in the context of a formal process, may occur at the police level in lieu of arrest. In a formal referral program, prosecution is deferred only if the defendant cooperates with the treatment program to which he has been referred.

Once an individual has been arrested and identified as a drug user, he may be referred to a drug treatment program while he awaits trial. Such referral probably occurs most frequently as a condition of pretrial release on personal recognizance or money bond; however, it may also occur as part of a formalized program of pretrial deferral of prosecution in which treatment success will result in a dropping of the pending criminal charge. Pretrial drug treatment may be available within a correctional institution for those individuals who are incarcerated pending trial.

Defendants may also be referred to drug treatment after trial, either in lieu of imposition of sentence or as part of the sentence which is imposed. In this connection, entry of a judgment of guilt may be suspended on the condition that the individual obtain drug treatment, or the individual may be placed on probation with drug treatment a condition of probation.

Finally, the court may impose a jail sentence but recommend that the individual obtain treatment for his drug problem at the correctional institution.

The criminal justice and treatment system may also interact following a period of incarceration, at the point where an individual

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leaves a correctional institution to which he has been sentenced, by way of parole or sentence expiration.

B. EFFORTS AT COORDINATION

The Narcotic Addict Rehabilitation Act

The earliest Federal effort to promote a rational interrelationship between the criminal justice and treatment systems was the Narcotic Addict Rehabilitation Act of 1966 (NARA). This act developed a partial mechanism for the referral of drug-dependent persons to treatment at various stages of the criminal justice process in Federal courts.

Titles I and III of NARA established voluntary and involuntary civil commitment programs to be operated by the United States Government. Under NARA I these civil commitment programs have been utilized in lieu of prosecution for individuals charged with minor offenses. Although the NARA III civil commitment program fostered the development of community capacity for dealing with narcotic addicts, the inpatient civil commitment portion of the program has operated more as an alternate jail system than as a viable treatment system.

For these reasons, the Administration will phase out NARA I and III projects. If there are any areas in the country where NARA is now being extensively used and which do not have adequate local treatment capacity to deal with their addiction problem, these areas will be funded to develop adequate local treatment programs to replace the NARA component. In the future, civil commitment, if utilized at all, will be implemented solely on the State and local levels, and emphasis will be placed on dealing with both voluntary and involuntary patients on an outpatient basis.

NARA II has formed the basis for a number of innovative treatment programs for incarcerated addicts under the jurisdiction of the Bureau of Prisons, and for outpatient treatment in the case of probationers and parolees. As described in the previous chapter, the programs presently operating under NARA II funding will now be consolidated under the Bureau of Prisons' successful Drug Abuse Programs system.

Treatment Alternatives to Street Crimes

More recently, in response to a growing national concern with drug abuse as a cause of criminal activity, the Administration has developed the Treatment Alternatives to Street Crime (TASC) program. This program, coordinated by the Special Action Office, NIDA, and the Law

Enforcement Assistance Administration, has provided a system of identification and treatment referral for drug-dependent individuals who come into contact with the criminal justice system.

TASC Program Goals

The goals of the TASC program are as follows:

- To refer individuals to appropriate treatment programs prior to trial and/or subsequent conviction;
- To decrease the problems caused in detention facilities by arrestees who are addicted and who manifest signs of withdrawal;
- To interrupt the drug use-street crime cycle and thereby assist drug-dependent persons who are accused of crimes to become self-sufficient and law-abiding citizens.

(A table illustrating the amount of Federal funding for TASC over the past two years appears on the following page.)

The development of an effective relationship between criminal justice and treatment activities in the drug abuse field lies at the very heart of the Federal Strategy. The TASC program is designed to help meet this objective by providing appropriate linkages between agencies of the criminal justice system and drug abuse treatment programs. TASC was initiated in three cities during Fiscal Year 1973; there are now nine TASC programs in operation and eleven more scheduled to begin shortly. This project has served over 1,000 clients and the TASC caseload is expected to triple by the end of Fiscal Year 1975.

In addition to the federally funded TASC units there are, of course, a large number of State and local programs which provide drug treatment either in lieu of or in conjunction with the operation of the criminal justice system. Statutes in at least half of the States provide for commitment for treatment in lieu of other sentencing or for requiring treatment as a condition of probation or parole, while laws in other States provide for treatment in lieu of arrest or prosecution. Many of these programs have served as models for portions of the more comprehensive Federal TASC concept. SAODAP encourages the development of State and local criminal justice system programs for the referral of drug-dependent individuals to treatment programs, particularly in those areas where there is explicit statutory authorization for such referrals.

Since implementation of TASC will require enabling legislation in many States, the Administration is currently studying the Drug Dependence Treatment and Rehabilitation Act, promulgated in August, 1973 by the National Conference of Commissioners on Uniform State Laws. This proposed statute includes many features of TASC as it has recently been modified.

TASC FUNDING

(Millions of Dollars)

BY AGENCY	FY 73	FY 74	FY 75
SAO/NIDA	5.4	2.4	0
LEAA	2.9	4.2	7.2
	8.3	6.6	7.2
BY FUNCTION			
Treatment-related	3.0	0	0
Criminal justice-related*	5.3	6.6	7.2
	8.3	6.6	7.2

*The criminal justice component of the TASC program consists of general planning and administration, addict screening including urinalysis and diagnosis, addict tracking, apprehension of delinquent clients, program evaluation, and detoxification holding units that are part of detention and correctional facilities.

TASC Program Modifications and Variations

The initial TASC operations included treatment along with identification, diagnosis, referral, and tracking. They also focused on pretrial release and deferred prosecution. Since there is adequate drug abuse treatment capacity in most communities today, few, if any, future TASC grants will involve treatment. Rather, they will provide funds to establish the necessary linkages between the agencies of the criminal justice system and existing community treatment programs.

TASC's earlier focus on pretrial intervention proved to be too narrow. The TASC concept has now been broadened to include the identification of drug users who come into contact with the criminal justice system and the referral of such individuals, wherever appropriate, to drug treatment programs. In broadening the TASC concept and the operation of TASC programs throughout the country, such issues as mandatory versus voluntary screening procedures, eligibility standards, point of referral, choice of treatment modalities, responsibility for tracking and reporting on criminal justice referrals, and definition and consequences of success must be squarely faced by each locality.

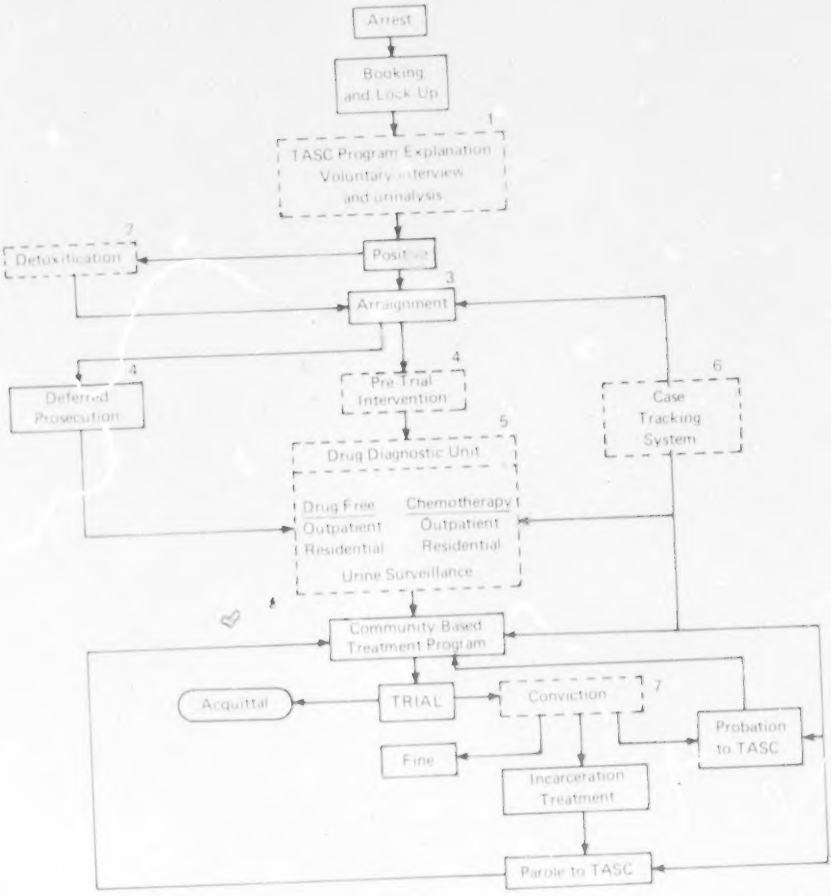
On the Federal level, the Special Action Office will continue to encourage experimentation in responding to each of these issues. The Special Action Office will also conduct the required research to make necessary comparisons among different programs in an effort to

determine which types of programs have the highest degree of success in treating drug dependents and in changing patterns of criminal behavior. Included in these comparisons will be studies of the effect of specialized supportive services in drug treatment programs, as well as evaluations to determine the degree to which provision of specialized and unique employment and educational resources in drug treatment programs succeeds in altering criminal behavior. (Charts illustrating TASC pretrial and post-trial case flow charts appear on following pages.)

C. CONCLUSION

Clarification of the relationship between the criminal justice and drug abuse treatment systems presents an opportunity to develop a model system for the delivery of certain health care services to drug abusers. The policies described in this section have been designed to maintain an appropriate balance between an individual's freedom to pursue his chosen course of action and society's right to protection from the adverse consequences of illicit drug use.

TASC PRE-TRIAL CASE FLOW CHART



1. After arrest and booking, the TASC program is explained to the arrestee. A urine specimen is taken and an interview conducted in order to ascertain drug usage and dependency.

2. In situations where the time between arrest and arraignment is many hours, drug withdrawal symptoms may occur. Likewise, arrestees not released on bail may experience drug withdrawal symptoms. Detoxification services can be rendered.

3. Information obtained regarding drug dependency is provided to the arraignment court, prosecuting attorney, and defense counsel for determining conditions of release only. With the concurrence of the prosecuting attorney and defense counsel, the judiciary may then decide to release the arrestee under the condition that he participate in a treatment regimen.

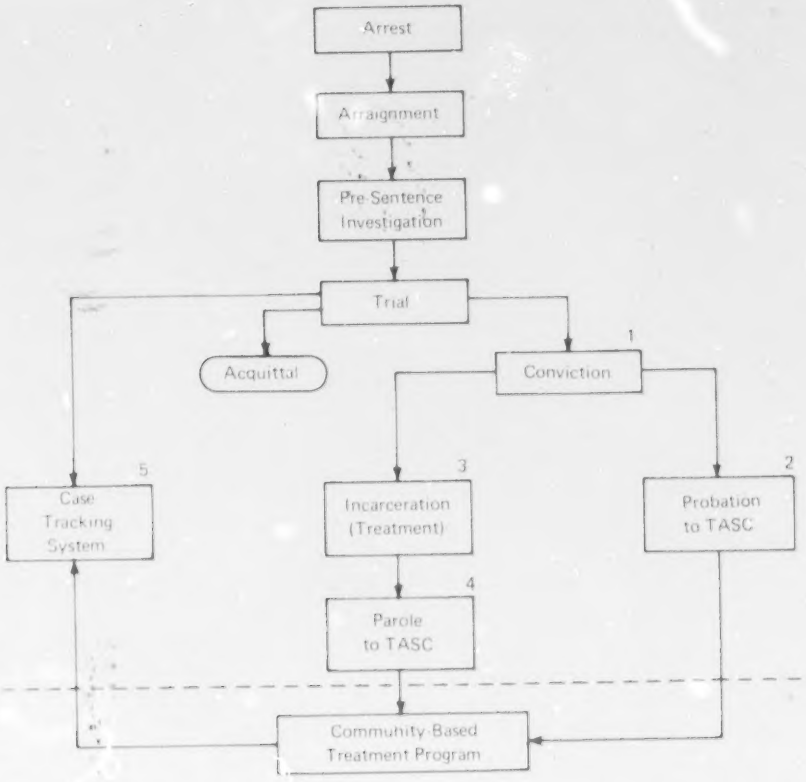
4. The criminal justice system has two options for release of the individual. With the concurrence of the prosecuting attorney and defense counsel, the judiciary may decide to defer trial for a specified period of time. Or, with the concurrence of the prosecuting attorney and defense counsel, the judiciary may decide to condition the arrestee's release to participate in a treatment regimen until trial.

5. A clinical diagnosis is made as to the appropriate treatment modality for the client.

6. In order to insure that the client referred to treatment is complying with the conditions of his release (e.g., he is participating in a satisfactory way in the treatment regimen), a tracking system will monitor the client's progress in treatment and make periodic reports to the judiciary and prosecuting attorney.

7. At the time of sentencing the judiciary may consider the individual's pre-trial participation in treatment in determining an appropriate sentence.

TASC POST-TRIAL CASE FLOW CHART



1. Based on a pre-sentence investigation that the defendant is drug dependent and/or participated in a treatment program as a condition of pre-trial release, the judiciary may take that into consideration in determining an appropriate sentence.

2. If the sentence is probation with the condition that the defendant participate in a treatment regimen, the defendant would undergo a clinical diagnosis to determine an appropriate treatment modality.

3. If the sentence were incarceration, the defendant may receive treatment, if available, in the penal institution.

4. If the client is paroled and is drug dependent, the client's parole may be conditioned that he participate in a treatment regimen on a regular basis.

5. In order to insure that the client referred to treatment is complying with the condition of the judiciary or parole board (e.g., he is participating in a satisfactory way in the treatment regimen or is no longer abusing drugs) a tracking system will monitor the client's progress in treatment and make periodic reports to probation or parole officers.

V
A RECAPITULATION OF STRATEGY THEMES

A. SUMMARY

Strategy 1974 has been presented in the form of an action plan covering all Federal drug abuse prevention and control efforts. Treatment and prevention efforts have been related to international initiatives and domestic enforcement programs in a way which illustrates the necessary balance between drug supply and demand.

The major policy directions announced in this document include the following:

Opiate programs offering a variety of treatment modalities will be maintained at current levels. At the same time, these existing facilities will continue to treat nonopiate and multiple drug abusers.

New emphasis will be placed on implementing Federal outreach programs to seek out addicts, and on upgrading the quality of drug treatment programs.

It will be **Strategy 1974** policy to increase and improve coordination between drug treatment programs and existing job counseling and job placement services designed to speed the return of treatment patients to productive lives.

The Federal Government will design and initiate a demonstration program of school-based early intervention.

The moratorium on drug education and information materials has been lifted. All new materials will be pretested and will be required to conform to new content guidelines.

Training programs will be coordinated to assure the availability of qualified personnel to staff drug abuse treatment and control programs.

Research and evaluation projects will be tailored, as necessary, to support initiatives such as outreach.

The Department of Defense, Veterans Administration, and the Bureau of Prisons will continue to operate drug abuse prevention systems which will include treatment, rehabilitation, research, training, and evaluation components.

The Treatment Alternatives to Street Crime (TASC) program will be significantly expanded in scope and funding to strengthen the interrelationship between the criminal justice and drug treatment systems.

Federal drug law enforcement efforts will continue to place primary emphasis on the control of illicit traffic in heroin, but increased enforcement emphasis will be directed at the control of nonopiate substances, through both licit and illicit channels.

Federal drug law enforcement efforts will continue to be directed at all levels of illicit drug traffic, with priority on high-level traffickers and drug-related conspiracies.

Regulation of the production and distribution of the legitimate drugs, especially short-acting barbiturates and methaqualone, will be strengthened to minimize diversion into illicit channels.

Intelligence regarding the illegal traffic in narcotic and dangerous drugs will be greatly increased, through personnel and equipment, to improve the effectiveness of law enforcement operations.

Research will be conducted into new technological devices which will increase the safety of law enforcement officers, improve their ability to detect drugs, and forecast new trends and problems in drug abuse.

Diplomatic and enforcement efforts against newly emerging international heroin smuggling routes will be increased as will efforts to identify major international heroin and cocaine syndicates.

The Cabinet Committee on International Narcotics Control (CCINC) will encourage the development of a more effective narcotics control program in Southeast Asia and Mexico, particularly in the fields of air and sea interdiction and the replacement of opium with alternative crops.

CCINC programs will be aimed at drying up the bulk of Turkish-origin opium and morphine base still in illicit trafficking channels; disrupting new trafficking routes in Europe and preventing new processing laboratories from being established; interdicting the traffic in heroin and cocaine from Mexico and Latin America, and reducing Western Hemisphere production of narcotics for illicit markets.

The Administration will press for United States ratification of the Convention of Psychotropic Substances and will move to bring into force the Amending Protocol to the 1961 Single Convention on Drugs.

— The United States will continue to support the United Nations Fund for Drug Abuse Control.

— The United States Government will also increase its participation in the growing field of international drug abuse treatment, research, and prevention.

As discussed in Chapter I, these initiatives reflect our present understanding of the causes and consequences of drug abuse and our current ability to respond to these complex factors through a coordinated Federal program of drug abuse prevention, law enforcement, and international cooperation.

B. FEDERAL TREATMENT FUNDING STRATEGY

On the demand side of the Federal effort, a final theme of **Strategy 1974** involves placing increasing responsibility on the States and localities for the actual planning and operation of drug abuse prevention programs. Implementation of the New Federalism is expected to ensure State and local capacity to deal effectively with the drug abuse problem in a community context. The vehicle will be a new Federal Treatment Funding Strategy designed to place more responsibility for drug abuse prevention activities with the Single State Agencies.

Background for a Decentralized Funding Policy

As recently as one year ago, four Federal agencies (NIMH, LEAA, OEO, and HUD) funded community-based treatment activities—each using different funding mechanisms, procedures, time schedules, matching formulas, and allowable services. NIMH funding was channeled exclusively through direct grants to projects following lengthy grant review and negotiation processes. On the other hand, OEO, LEAA, and HUD employed a variety of funding mechanisms including the use of regional offices and State or local organizations as well as direct project funding.

The Special Action Office, in Fiscal Year 1973, initiated a series of measures designed to consolidate this proliferation of funding agencies and mechanisms and to place increased drug abuse prevention responsibility at the State and local level. This policy has resulted in the establishment of 56 Single State Agencies, including the 50 States, the District of Columbia, Puerto Rico, and the four Territories.

These agencies are required to:

(1) Collect and analyze drug abuse data within their respective States;

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(2) Prepare and submit a comprehensive State plan for all drug abuse prevention functions;
(3) Coordinate all Federal, State, and local drug prevention and treatment services operating within the State;
(4) Develop a State program licensing procedure;
(5) Review all proposals for Federal funding of projects within the State;
(6) Channel Federal and State funds to appropriate programs, and monitor and evaluate such programs where appropriate.

On the Federal side of the relationship, a similar process of consolidation has taken place. The National Institute on Drug Abuse now coordinates all Federal negotiations with the Single State Agencies. NIDA will:

(1) Provide technical assistance to the Single State Agencies in the preparation of their comprehensive drug abuse prevention plans and licensing procedures;
(2) Prepare an assessment of each Single State Agency's management and program capacity for purposes of determining areas of greatest need;
(3) Provide technical assistance to the States in the form of training, on-site guidance, and management information;
(4) Insure State compliance with Federal quality treatment standards;
(5) Fund State service delivery proposals in accordance with demonstrated need and management capacity.

As States further develop their capability for managing resources and identifying needs, the Federal Government will transfer increased drug abuse prevention and treatment responsibility to the Single State Agencies. The Special Action Office now estimates that by the end of Fiscal Year 1975, all Single State Agencies will be in a position to participate in the revised Federal Funding Strategy at a greater level of program effectiveness and efficiency.

Fiscal Year 1975 Federal Drug Prevention Funding Strategy

Services and Mechanisms

If anticipated funding is appropriated, the Single State Agencies will be in a position to fund new and continuing drug treatment, rehabilitation, education, and training projects which meet NIDA standards and to terminate or reduce—where legally permissible—any continuing project which does not comply with those standards. Services to be funded include a full range of treatment and rehabilitation activities. Formula grant funding will also be available for State

and local program monitoring, auditing, and evaluation and for providing technical assistance to community programs.

While the provision of Federal grants to States and localities for the specific purpose of drug abuse prevention has proven to be both necessary and effective, there will be a critical need in the future for more equitable funding. The Administration is submitting to Congress national health insurance to finance essential medical and mental health services.

Involvement of the Cities and the Private Sector

In order to complement this New Federalism emphasis on a return to State and local resources, the Federal Government has initiated direct efforts to increase community support for drug abuse prevention programs in the nation's major metropolitan centers. The Special Action Office is now coordinating a program with the National League of Cities (NLC) and the U.S. Conference of Mayors (USCM) to assure appropriate urban representation in the formulation of comprehensive State drug abuse plans and to increase private sector support for drug abuse prevention and treatment programs at the local level.

Twenty cities have been selected by the Special Action Office in consultation with the NLC and USCM on the basis of drug abuse incidence rates and the amount of Federal funding involvement. A strategy designed to increase community support for drug treatment, rehabilitation, education, and employment programs is being developed for each of these cities by a task force of Special Action Office, NLC, and USCM members. The work of this task force will be distributed throughout the nation in the form of a mayor's handbook on drug abuse.

C. CONCLUSION

The Drug Abuse Office and Treatment Act of 1972 (Public Law 92-255) mandated the formulation of a Federal strategy which would include:

(1) An analysis of the nature, character, and extent of the drug abuse problem in the United States, including examination of the interrelationships among various approaches to solving the drug abuse problem and their potential for interacting both positively and negatively with one another;

(2) A comprehensive Federal plan, with respect to both drug abuse prevention functions and drug traffic prevention functions, which shall specify the objectives of the Federal strategy and how all available resources, funds, programs, services, and

facilities authorized under relevant Federal law should be used; and

(3) An analysis and evaluation of the major programs conducted, expenditures made, results achieved, plans developed, and problems encountered in the operation and coordination of the various Federal drug abuse prevention functions and drug traffic prevention functions.

The 1974 Federal Strategy for Drug Abuse and Drug Traffic Prevention is presented, in accordance with this mandate, to Congress; to officials of Federal, State, and local governments; and to private citizens as a comprehensive action plan for the prevention and control of drug abuse in America.

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